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ABSTRACT

The manual is intended to help local education agencies implement Georgia's laws for providing effective instructional programs for deaf-blind children. A definition and eligibility criteria for deaf-blind children are presented. A section discussing due process considers screening, referral, comprehensive evaluation, individualized education programs, participants in individualized planning conferences, placement, confidentiality, and exit criteria. The section on program organization discusses program philosophy, service delivery staff competencies, personnel, inservice certification, and facilities. Assessment, student characteristics, professional resources, organizations providing special materials and equipment, and related services are outlined in a section devoted to the instructional program. Program evaluation is briefly discussed in a separate section. Additional resources are listed in the sixth section, and include professional resources, community organizations, child advocacy, the Georgia Learning Resource System, the Child Serve Program, and the Georgia Psychoeducational Center. Three state schools--Atlanta Area School for the Deaf, Georgia Academy for the Blind, and Georgia School for the Deaf--are also described. Among appendices are a glossary, a medical report form, guidelines for interpreting eye reports, a certification form, a program evaluation instrument, and graduation requirements. A bibliography lists 9 assessment instruments, 23 bibliographies, and 250 books or documents. (CB)

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Volume X
Resource Manuals
For
For Exceptional Children

ED276226

Deaf-Blind

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Council for Exceptional Children

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Volume X

Deaf/Blind

Resource Manuals For Program For Exceptional Children

Program for Exceptional Children
Division of Special Programs
Office of Instructional Services
Atlanta, Georgia 30334
Werner Rogers
State Superintendent of Schools
1986

EC160992

Foreword

Programs for deaf/blind students should assure that the educational environment allows students to develop competencies in the areas of functional academics, personal and social skills, daily living skills and occupational preparation and guidance.

This resource manual provides information for the development, maintenance and evaluation of programs for the deaf/blind. This information will help provide quality education programs for these students.

Lucille Jordan, *Associate Superintendent*
Office of Instructional Services

Ellouise Collins, *Director*
Division of Special Programs

Acknowledgments

Many individuals graciously gave of their time, effort and knowledge to produce this resource manual. The information contained herein will help programs and individuals provide quality services for deaf/blind students in Georgia.

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Introduction

Georgia is committed to the belief that every exceptional child has a right to receive an education based on individual needs.

The need for developing standards and guidelines for comprehensive programs for exceptional children in our schools has emerged from state and federal legislation. The three major laws affecting the education of exceptional children in Georgia follow.

Quality Basic Education
(QBE)
20-2-152 Special Education

a. All children and youth who are eligible for a general and career education program under Code Section 20-2-151 and who have special educational needs shall also be eligible for special education services. Children, ages zero through four years, whose handicapping condition is so severe as to necessitate early education intervention may be eligible for special education services through programs operated by state schools for the handicapped, the psychoeducational centers program, or through programs financed with local or federal funds. Such children and youth are defined as those who have emotional, physical, communicative, or intellectual deviations, or a combination thereof, to the degree that there is interference with school achievements or adjustments or prevention of full academic attainment and who require modifications or alterations in their educational programs. This shall include children who are intellectually gifted, mentally handicapped, behavior disordered, hospitalized or home bound, handicapped by a specific learning disability, orthopedically handicapped, autistic, hearing impaired, visually impaired, severely emotionally disturbed, and deaf-blind and who have any other areas of special needs which may be identified. The State Board of Education shall adopt classification criteria for each area of special education to be served on a state-wide basis, both for students to be served in a self-contained setting and those who can be served effectively in the regular classroom by itinerant personnel. The student-teacher ratio for each classified exceptionality shall remain as those used in determining the approved program weights as set forth in subsection (b) of Code Section 20-2-161, unless otherwise approved by the Governor and the General Assembly.

b. Local school systems shall, subject to any limitations specified in this Code section, provide special education programs for all eligible students with special needs who are residents of their school systems, either by establishing and maintaining such educational facilities and employing such professional workers as are needed by these students or by entering into a contract with other school systems, regional educational service agencies, or other qualified public or private institutions for such services.
Effective Date: July 1, 1986.

P.L. 94-142, Education for all Handicapped Children Act of 1975
The full services goal in Georgia for implementation of P.L. 94–142 as stated in the *State Program Plan* FY 84–86.

"All school-age (5-18 years) handicapped children, as defined in The Education For All Handicapped Children Act of 1975, will be provided full educational opportunities in programs meeting standards of the State educational agency. All preschool (3-4 years) handicapped children and all handicapped children ages 19-21 years would be provided educational opportunities in programs meeting State-approved standards. *However, since services to these groups are permissive and not mandatory, programs will be provided only in the event state and/or local funds are authorized and appropriated or in the event 50 percent of these ages of nonhandicapped children are receiving services.*

Additionally, all preschool (0-4 years) handicapped children will be provided service opportunities in programs meeting State-approved standards. *However, since services to this group are permissive and not mandatory, programs will be provided only in the event State and/or local funds are authorized."*
EFFECTIVE DATE: September 1, 1978

Section 504 of P.L. 93–112, The Vocational Rehabilitation Act of 1973
"No otherwise qualified handicapped individual shall solely by the reason of his/her handicap be excluded from the participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."
EFFECTIVE DATE: June 1, 1977

The purpose of the Resource Manuals for Programs for Exceptional Children is to help local education agencies implement these laws and provide quality programs for exceptional children.

Definition

"Deaf/Blind" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that students cannot be accommodated in special education programs solely for deaf or blind children.

Using the definition above, children may be carried on the Georgia Deaf/Blind Registry who do not qualify as legally blind (an individual having a visual acuity of 20/200 or less in the better eye after correction or a field of 20 degrees or less in the better eye after correction) or as having a hearing loss of 40 decibels (DB) or greater.

Eligibility Criteria

Placement and Eligibility

For a child to be determined eligible for placement in special programs for the deaf/blind, the child must have the following.

- Current medical report from a physician or physicians qualified to assess the child's physical problems, indicating a description of handicapping conditions and any medical implications for instruction
- Current audiological and ophthalmological examinations from qualified professionals
- Current Individualized Educational Program (IEP) developed through an appropriate staffing

Enrollment

Maximum case load is six for a teacher who teaches in a self-contained classroom and four for a resource/itinerant teacher.

The case load number for an itinerant teacher may vary according to geographic distances covered and severity of handicaps of children served. In the self-contained classroom, it is recommended an aide be provided full-time. A deaf/blind child may also be served in other classes serving handicapped children; however, a ratio of one to six should be maintained.

In addition to the information contained under General Provision of the *Program for Exceptional Children Regulations and Procedures*, facilities and equipment as noted in the hearing impaired and visually impaired resource manuals should be provided for the deaf/blind child.

Registry

To help provide quality services to deaf/blind individuals, Georgia maintains a state registry of all deaf/blind individuals aged birth through 21. If an individual meets the above placement and eligibility criteria, contact the Office of State Schools and Public Libraries, Georgia Department of Education, 1454 Twin Towers East, Atlanta, Georgia 30334, (404) 656-2537, so that the individual may be placed on the registry.

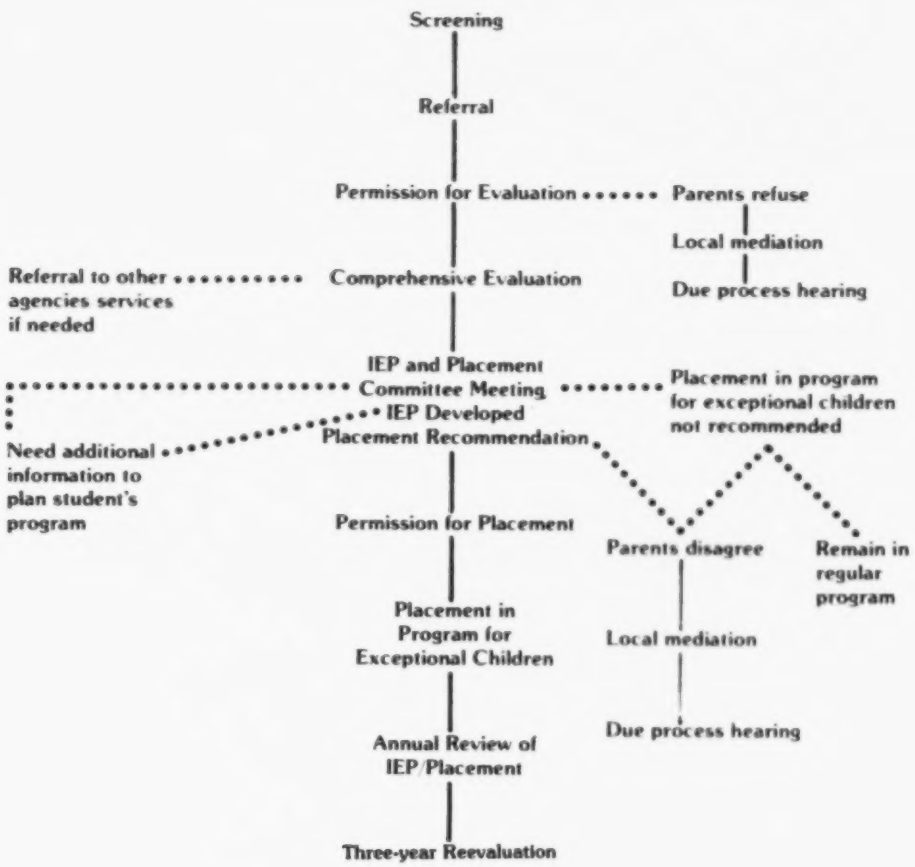
Due Process

Introduction

Due process is an established course for judical proceeding designed to safeguard the legal rights of an individual. Under P.L. 94-142 parents' and children's rights are protected through a procedural due process structure. The child, the parents and the schools are involved in the specifics of due process.

The following is a chart of due process procedures.

Due Process Procedures



Screening

Screening for a deaf/blind child includes ophthalmological, audiological and psychological exams. In addition, any recommended screening should be done.

Referral

Referral is a process whereby parents or guardians, the students themselves, school personnel, appropriate public agencies or other professionals may request assessment of a student's abilities.

Comprehensive Evaluation

Initial Evaluation — Children who are considered for special education services must be screened for possible hearing and vision difficulties prior to educational or psychological evaluations. A child who fails one of the screening measures should be rescreened, preferably with a more definitive instrument. If deficiencies are still noted, referral for professional diagnosis should be made. If treatment is considered necessary then psychological evaluation should be delayed until treatment or correction is completed. In the event the diagnosing professional determines that treatment or correction is not possible or is not indicated, psychological evaluation can proceed.

Before any action is taken on placing a handicapped child in a special education program, a full and individual evaluation must be conducted in accordance with the following. The local education agency (LEA) must use appropriate evaluation procedures including trained evaluation personnel, multidisciplinary teams, valid and nondiscriminatory assessment, the language or other mode of communication commonly used or understood by the child and more than one procedure or instrument.

The local school system must have signed, informed parental consent on file before any child is singled out for any evaluation other than routine screenings happening to all children at some point in their school year (e.g., mass vision, dental, hearing and speech screening) unless parent has previously filed a form of protest.

All childen enrolled in special educational programs shall be comprehensively reevaluated educationally or psychologically at least every three years. With the approval of the placement committee, the reevaluation may take place within the three-year period upon request of any person having the original authority to make an initial referral.

Individualized Education Program (IEP)

An IEP is developed for each handicapped child prior to receiving special education placement. This requirement applies to all public agencies. The total IEP, including long- and short-term objectives, is developed prior to placement in a special education program.

The IEP shall be developed in an individualized planning conference initiated and conducted by the responsible agency.

A student should have one IEP, even if enrolled in two or more special education programs.

The IEP is an educational related services plan and not a binding contract for which the agency is responsible if the child does not achieve the growth projected in the goals and objectives. However, the local education agency does provide those services that are listed in a child's IEP.

Participants in Individualized Planning Conference

The meeting participants will include

- a representative of the agency other than the child's teacher who is qualified to provide or supervise the provision of special education. (This does not exclude other qualified special education instructors.)
- the child's teacher or teachers, special or regular or both, who have direct responsibility for implementing the IEP.

The responsible agency shall make every effort to insure that each individualized planning conference includes

- one or both of the parents;
- the child, when appropriate;
- other individuals at the discretion of the parent or agency.

For a handicapped child who has been evaluated for the first time, the responsible agency insures that a member of the evaluation term or someone who is knowledgeable about the evaluation procedure and familiar with the evaluation results participates in the meeting.

Parent Participation — Each responsible agency will make every effort to insure that the parents of the handicapped child are present at the individualized planning conference or are afforded the opportunity to participate, including scheduling the meeting at a mutually agreed upon time and place and notifying the parents of the meeting early enough to insure that they will have an opportunity to attend. Notification of parent must indicate the purpose, time and location of the meeting and who will be in attendance. All communications to parents will be in both English and the primary language of the home, if the primary language is other than English.

A meeting may be conducted without a parent in attendance if the responsible agency is unable to convince the parents that they should attend. In this case, the responsible agency shall record its attempt to involve the parent(s). These records may include (a) detailed records of telephone calls made or attempted and the results, (b) copies of correspondence sent and any responses received and (c) detailed records of visits made to the parent's home or place of employment and results.

Upon request, parents are given a copy of the IEP.

Upon request of the parents, a formal due process hearing will occur in conformance with procedures outlined in *Georgia's State Program Plan.*

Content of IEP - the IEP will include

- a statement of the child's present levels of educational performance;
- a statement of annual goals including short-term instructional objectives;
- a statement of the specific special education and related services to be provided to the child and the extent to which the child will be able to participate in the regular educational program;
- the projected dates for initiation of services and the anticipated duration of the services;
- appropriate objective criteria, evaluation procedures and schedules for determining on at least an annual basis whether the short-term instructional objectives are being achieved.

Placement

Initial Placement — No student will be placed in a special program until that student is the subject of a meeting of the Special Education Placement Committee, which reviews all pertinent information and determines the appropriate program for the child.

The determination to place any child in a special education program will not be made exclusively or principally upon results of tests administered during evaluation. All pertinent data on each child should be reviewed by the entire committee.

Placement committee meeting minutes must be kept.

Signed Parental Consent — All children who are evaluated for possible special education services are subject to review by the placement committee. All children who are recommended by the placement committee to be placed in a special education program must have signed, informed parental consent on file within the school system before placement can occur.

Special Education Placement Committee Reevaluation — Upon the request of any person having the original authority to make initial referral, but no later than three years after the last placement decision, each child enrolled in a special education program will be the subject of a meeting of the Special Education Placement Committee which will review all pertinent information and determine the appropriate program for the child based upon the new information.

Any time a change in educational placement is contemplated, the pertinent information must be reviewed and changes approved by the placement committee and the child's parents.

Confidentiality

LEAs maintain records and reports on handicapped children. These records and reports contain confidential data. Each LEA must provide instruction to persons collecting or using personally identifiable data. This instruction informs LEA personnel of policies and procedures for the use of confidential data.

Exit Criteria

Due to the individual differences each deaf/blind student displays and the heterogeniousness of the disease, exit criteria should be developed concurrently with the IEP.

For further information on due process or other procedural safeguards in Georgia, refer to *Program for Exceptional Children Regulations and Procedures*, and *Georgia's State Program Plan*. Copies of these documents are available in the office of each local school superintendent, director of special education, or local Georgia Learning Resource System.

Additionally, information on local system procedures is contained in the local school system's Special Education Comprehensive Plan which is also available from the local school superintendent or special education director.

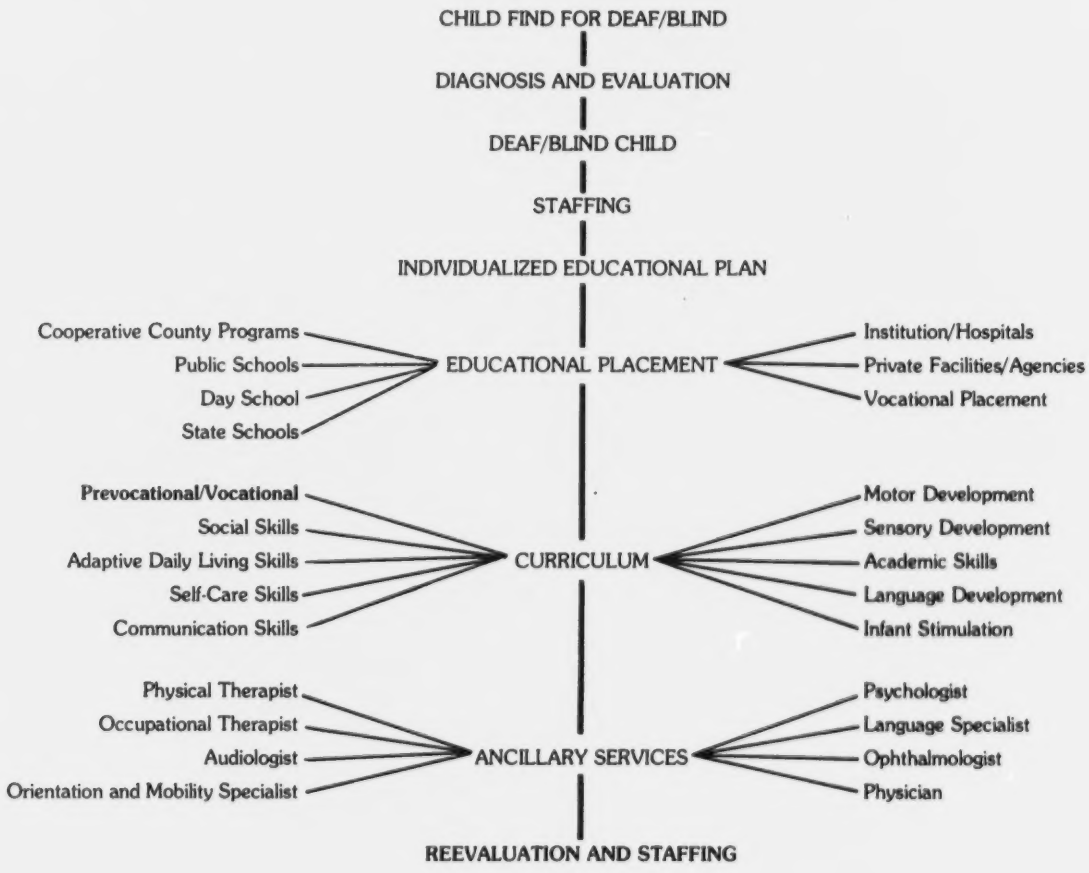
Program Organization

Philosophy

Children who are deaf/blind should have educational oppportunities commensurate with their needs, abilities and capacities. In order that all deaf/blind children may derive the benefits from the program best suited to their needs, a continuum of programs from preschool through high school should be available.

Children should be admitted only into those programs that provide for the materials, techniques, special curriculum areas and qualified teachers necessary to make their educational experience meaningful and relevant to their needs.

Service Delivery Model



Suggested Staff Competencies

Personnel

A teacher working with deaf/blind students should possess the following general competencies.

- Knowledge of modes of communication
- Knowledge of auditory and visual impairments
- Awareness of normal child development
- Knowledge of behavior management skills
- Familiarity with characteristics of a deaf/blind child
- Observation skills
- Task analysis skills
- Mobility skills
- Awareness of motor development
- Awareness of prelinguistic development
- Ability to formulate goals and objectives
- Knowledge of learning theory
- Ability to motivate a child
- Ability to view the total child and the child's needs
- Documentation skills
- Ability to interpret medical reports
- Ability to administer tests

Additional competencies needed by a teacher of the deaf/blind are as follows.

Language

a. knowledge of normal language development
b. knowledge of prelinguistic behaviors
c. ability to select an appropriate mode of communication and to present a language model (fingerspelling, signing, speech)
d. ability to teach language structure in various methods
e. techniques to stimulate expressive language
f. understanding the effects of sensory losses/retardation/brain damage on language development

Vision

a. knowledge of functional implications of types and degrees of visual loss
b. knowledge of how to use and maintain low vision loss
c. ability to assess vision functioning
d. ability to interpret eye reports

Hearing

a. knowledge of functional implications of types and degrees of hearing loss
b. knowledge of how to use and maintain a hearing aide
c. ability to assess auditory functioning
d. ability to interpret audiological reports

Self-Help

a. knowledge of normal developmental sequences (feeding, dressing, toileting . . .), from the basic to higher level daily living skills
b. ability to use task analysis and backward chaining
c. ability to adapt teaching methods to partially sighted and totally blind children

Cognition

a. knowledge of normal cognitive development
b. ability to collect, prepare and modify materials
c. methods of teaching concept development
d. understanding techniques and the importance of sensory stimulation

Motor

a. knowledge of normal development
b. ability to make adaptations for physical handicaps
c. knowledge of methods and techniques for training motor development
d. knowledge of adaptive equipment

Socialization/Behavior

a. knowledge of normal social development
b. knowledge of methods for handling behavior problems
c. knowledge of basic children's games and the ability to adapt for deaf/blind
d. awareness of numerous leisure time activities

Certification

Georgia does not offer certification in the area of deaf/blind. Certification in the areas of visual impairment or hearing impairment are recommended for those teaching deaf/blind children. The following colleges/universities offer programs in the area of deaf/blind.

Vanderbilt University
Nashville, Tennessee 37203

California State University
Los Angeles, California 90032

San Francisco State University
San Francisco, California 94132

Boston College
Chestnut Hill, Massachusetts 02167

Michigan State University
East Lansing, Michigan 48824

Hunter College
New York, New York 30017

Ohio State University
Columbus, Ohio 43210

Georgia Peabody College for Teachers
Nashville, Tennessee 37203

Persons holding degrees from these programs will be certified to teach deaf or blind children in Georgia. For further information on certification in Georgia, please contact

Teacher Certification Services
Georgia Department of Education
1452 Twin Towers East
Atlanta, Georgia 30334
(404) 656-2406

In-service

Staff development is a necessary and integral part of any program. When serving the deaf/blind, staff development is of major importance due to the severity of the handicap, constant changes and innovations in the field.

The following types of staff development are available yearly to all personnel dealing with deaf/blind children.

- Local workshops designed to meet specific needs of the staff woking with deaf/blind children.
- Regional and state workshops where common needs and concerns are discussed and solutions offered.
- The Coordinator for Deaf/Blind Services, Office of State Schools and Public Libraries, Georgia Department of Education, is available to assist in planning and implementing in-service training for staff, parents and others in the area of deaf/blind.

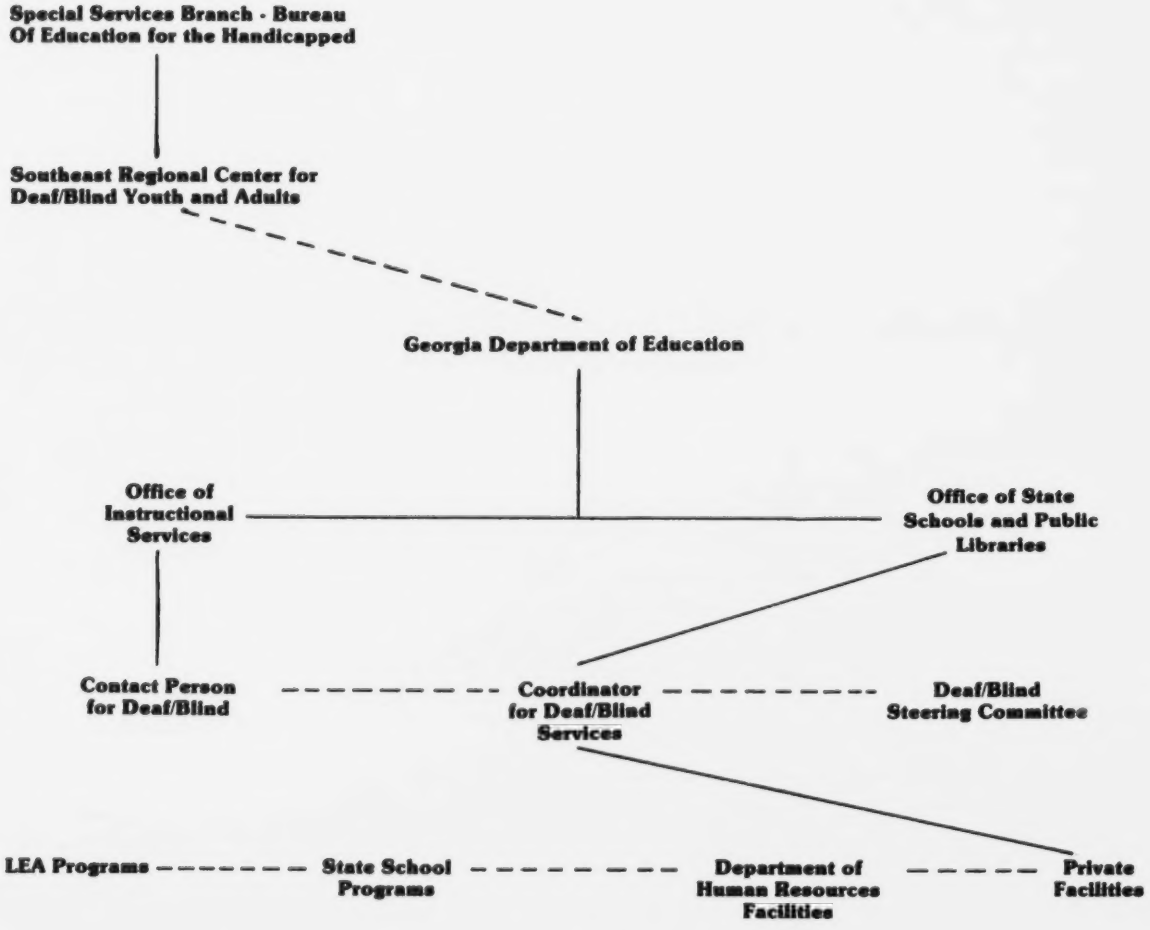
Areas to be covered in staff development depend upon the unique needs of the participants.

Facilities

For the deaf/blind child to maximize his or her educational progress, it is necessary to have adequate facilities. The following basic components must be available to deaf/blind children.

- A structurally barrier-free facility to allow access to the nonmobile deaf/blind child (this would include special handrails, adapted toilet facilities, skid-proof mats at doorways, etc). This should be compatible with Section 504 of the Rehabilitation Act of 1973.
- A standard classroom that has been acoustically treated and has special lighting as required for the visually impaired and hearing impaired.
- If residential services are needed, appropriate dormitories for the deaf/blind following the same general requirements as for classrooms.
- Any special facility requirements necessary for ancillary services.

Program Organization Chart for Deaf/Blind Services


Special Services Branch - Bureau Of Education for the Handicapped
Southeast Regional Center for Deaf/Blind Youth and Adults
Georgia Department of Education
Office of Instructional Services
Office of State Schools and Public Libraries
Contact Person for Deaf/Blind
Coordinator for Deaf/Blind Services
Deaf/Blind Steering Committee
LEA Programs
State School Programs
Department of Human Resources Facilities
Private Facilities

Special Services Branch (United States Department of Education)

The Special Services Branch, United States Department of Education, is responsible for implementing P. L. 91–230, which established the regional centers for deaf/blind in the United States. The United States Congress had established a funding level of $16 million per year for the regional centers through 1983.

Regional Center for Deaf/Blind

The Regional Center for Deaf/ Blind shall actively assist in the planning, development and operation of the regional center; the dissemination of information regarding the regional center's programs; the assessment of regional needs regarding deaf/ blind children and the establishment of priorities respecting those needs for the region; and the evaluation of the extent to which the objectives of the regional center meet established short- and long-range regional goals.

The states served by the Southeast Regional Center for Deaf/Blind are Florida, New Mexico, Georgia, Alabama, Texas, Arkansas, Oklahoma, Louisiana and Mississippi.

Contact Person for Deaf/Blind

The contact person for deaf/blind is the individual who coordinates state services with the regional center. The state contact person for Georgia is in the Georgia Department of Education. For more information contact

Program for Exceptional Children
Division of Special Programs
Georgia Department of Education
1970 Twin Towers East
Atlanta, Georgia 30334
(404) 656-6317

State Coordinator for Deaf/Blind

The coordinator for deaf/blind is located in the Georgia Department of Education. For more information contact

Coordinator for Deaf/Blind
Georgia Department of Education
State Schools and Public Libraries
1454 Twin Towers East
Atlanta, Georgia 30334
(404) 656-2537

The coordinator's responsibilities include the following.

- Maintaining the deaf/blind registry for Georgia
- Providing assistance and consultation services to programs in Georgia serving or desiring to serve deaf/blind
- Preparing various state and federal reports on deaf/blind for submission to appropriate offices
- Planning and conducting in-service activities for teachers, parents, aides and other appropriate personnel dealing with educational programs and services for the deaf/blind
- Planning and coordinating needed services for deaf/blind with other agencies, i. e., Department of Human Resources facilities, private agencies, LEAs and state schools
- Distributing current information to parents, teachers and others regarding the status of services to deaf/blind in Georgia
- Assisting in appropriate educational placement of deaf/blind individuals in Georgia
- Coordinating, in conjunction with LEA and other agencies, child-find for deaf/blind children

Services provided to the local education agency upon request include the following.

- Consultant services regarding placement and programming for deaf/blind children
- In-service in the area of deaf/blind for staff, tailored to meet identified needs
  - Referral to appropriate agencies serving deaf/blind
- Provision of appropriate materials for deaf/blind or a listing where such materials may be obtained
- Parental services and limited home services

Instructional Program

Assessment

Before an adequate and appropriate individualized education plan can be developed and implemented for the deaf/blind individual, thorough and comprehensive diagnosis and evaluation are necessary. The diagnosis and evaluation include, but are not limited to, the following.

- Ophthalmological examination by an ophthalmologist
- Audiological examination by a licensed audiologist
- Psychological examination by a psychologist familiar with deaf/blind

Results of above examinations and recommendations will be available at a staffing of the deaf/blind individuals. Any special examinations or medical-related recommendations should be accomplished before the staffing.

Currently, the Georgia Academy for the Blind in Macon and the Georgia Center for the Multihandicapped in Atlanta possess the expertise to evaluate deaf/blind children.

Characteristics of Deaf/Blind

Each individual or student is unique regardless of his or her condition; however, with the deaf/blind person, especially those whose deafness or blindness was caused by rubella, the following behaviors are frequently noted.

- eye poking
- rocking
- hand flicking
- gazing at light
- teeth grinding
- perservation of vocalization or movements
- delayed acquisition of self-help skills, motor skills and communication system
- erratic behavior
- no obvious response to environmental sounds

Sensory, physical and mental conditions frequently observed are

- sensory defects-nystagumus, strabismus, congential cataracts, sensory-neural hearing loss, high frequency hearing loss.
- physical defects—small, frail body, microcephaly, heart defects, lack of coordination.
- mental defects—developmental delays in cognition.

Suggested Professional Resources

Georgia Academy for the Blind

The Georgia Academy for the Blind is a state-supported residential school serving visually handicapped, visually impaired/multihandicapped and deaf/blind individuals aged five to 21. The academy provides full-time educational and residential programs for students.

A program of technical assistance in the form of diagnostic and evaluation services is available at no cost to local school systems and other agencies. Individuals who are suspected of having a visual handicap with any combination of additional handicaps may be referred for diagnostic and evaluation services. Inquiries should be addressed to

Education Supervisor
Georgia Academy for the Blind
2895 Vineville Avenue
Macon, Georgia 31204
(912) 744-6085

Georgia Center for the Multihandicapped

Comprehensive education and psychological and medical evaluations for multihandicapped children are provided by the Georgia Center for the Multihandicapped. The program is a cooperative effort of the Department of Special Education of the Clayton County School System and the Georgia Department of Education.

Evaluation services are available statewide for children aged zero-21 who are suspected to have more than one handicap.

The evaluation, which usually takes one week, is free. The evaluation, travel, lodging and operational expenses are paid for by the Georgia Department of Education through a Title VI—B grant.

Procedure—Each child is seen daily by the teaching staff in fully equipped diagnostic classrooms. In this setting, educational assessment is accomplished through diagnostic teaching. Physical and occupational assessments are provided for children who indicate these needs.

Each child is routinely evaluated by specialists in general medicine, ophthalmology, audiology and psychology. Other specialists, such as a neurologist or psychiatrist, are available. Staff meetings are held by the educational and consultative staff to discuss specific services needed and appropriate placement for the child. A discharge conference is then held with the parents to discuss the evaluation findings. A comprehensive report is written, and upon consent of parents, is forwarded to any school, agency or program which may be working with the child. Persons wishing to contact the center should address inquiries to

Director
Georgia Center for the Multihandicapped
1815 Ponce de Leon Ave., N. E.
Altanta, GA 30307
(404) 378-5433

Georgia Rehabilitation Center

The Roosevelt Warm Springs Institute for Rehabilitation has a program for the deaf/blind under the auspices of the Division of Rehabilitation Services, Georgia Department of Human Resources. For further information contact

Deaf/Blind Unit
Roosevelt Warm Springs Institute for Rehabilitation
Warm Springs, GA 31830
(912) 655-3341

Helen Keller National Center for Deaf/Blind Youths and Adults

The Helen Keller National Center, with the help of cooperating agencies, offers deaf/blind youths and adults a residential program of individualized evaluation and rehabilitation training and a wide variety of specialized services in the field. The center conducts research into the problems that result from being deaf/blind and ways of minimizing such problems, and, through its community education activities, it promotes understanding and acceptance of people who are deaf/blind.

Deafness and blindness comprise a double handicap with implications beyond the absence of sight and hearing, creating unique problems of communication and mobility. In spite of this, with the proper professional help, many deaf/blind persons can be rehabilitated to an improved level of functioning and self-reliance. Many can handle jobs in sheltered workshops, some can work in competitive employment and those who have exceptional ability and motivation can find success in technical and professional employment on the completion of appropriate training.

At the Helen Keller National Center, the trainee receives a comprehensive evaluation to provide the basis for a plan of training designed to develop all of his or her assets as completely as possible and make full use of any hearing or sight he or she may possess. The goal is to help each trainee become as self-sufficient as possible.

The Helen Keller National Center for Deaf/Blind Youths and Adults is operated by the Industrial Home for the Blind under an agreement with the United States Department of Education.

The authorization for its operation is contained in Section 305, Title III, of the Rehabilitation Act of 1973, as amended, and funds for its operation are appropriated annually by Congress. It operates under the general supervision of the Rehabilitation Services Administration.

The Center is located on a 25-acre wooded site in Sands Point, Long Island, New York. The training research and administration building, the residential building and the vocational building that comprise the main facilities of the Center are specially designed and equipped to meet the needs of the trainees served there.

The Helen Keller National Center operates regional offices to assist state and local agencies in serving deaf/blind persons in their home communities when feasible and for referring them to the center for services when indicated. The Southeast Regional Representative can be reached at the following address.

Helen Keller National Center for Deaf/Blind Youths and Adults
1001 Virginia Ave., Suite 320
Atlanta, GA 30354
(404) 766-9625

Fees are charged to sponsoring agencies for evaluation, rehabilitation training and room and board for clients enrolled at the Center. These fees meet only part of the cost of the services that are provided. The balance of the cost is absorbed by the center.

Organizations Providing Special Materials and Equipment

Recorded Materials and Catalogs

W. Schwann, Inc.
137 Newbury St.
Boston, MA 02116

Educational Records Sales
157 Chambers St.
New York, NY 10007

Sam Goody, Inc.
235 W 49th St.
New York, NY 10019

Textbooks and General Interest Books

American Printing House for the Blind
1839 Frankfort Ave.
Louisville, KY 40206

Library for the Blind and Physically Handicapped
Department of Education
1050 Murphy Ave., S. W.
Atlanta, GA 30310

Periodicals

Science for the Blind
221 Rock Hill Rd.
Bala Cynwyd, PA 19004

Consumer Reports
General Science Monthly
Popular Science
Psychology Today
Radio Digest
Scientific American
Timely Topics

National Education Association
1201 16th St., NW
Washington, DC 20036

Today's Education

American Printing House for the Blind
Regional Library

American Heritage
Atlantic Monthly
Changing Times
Ellery Queen's Mystery Magazine
Ebony
Good Housekeeping
Jack and Jill
Reader's Digest
Sports Illustrated

American Foundation for the Blind
15 W 16th St.
New York, NY 10011

Why Not Hire a Blind Person?

Division of Services to the Blind
330 C St., S. W.
Washington, DC 20201

Measures of Psychological, Vocational and Educational Functioning in the Blind and Visually Handicapped, 1975
American Foundation for the Blind
Vocational Materials Center from Pennsylvania

Equipment and Travel Aids

Optacon
Telesensory Systems, Inc.
3408 Hillview Ave.
Palo Alto, CA 94304

Tape Recorders
American Printing House for the Blind

Braillers
Howe Press Perkins School for the Blind
Watertown, MA 02172

American Printing House for the Blind

American Foundation for the Blind

Mathematical Aids

Howe Press
Perkins School for the Blind
Watertown, MA 02172

Science for the Blind

Speech Plus Calculator
American Printing House for the Blind

Mobility Aids

American Foundation for the Blind

Precision Graining Manufacturing Co., Inc.
8019 Flood Rd.
Baltimore, MD 21222

Rigid Fold
3862 N 900 West
Ogden, UT 84404

Telesensory Systems, Inc.

Bionic Instruments, Inc.
221 Rock Hill Rd.
Bala Cynwyd, Penn. 19004

Physical Education and Recreational Aids

American Foundation for the Blind

American Printing House for the Blind

Vocational-Industrial Aids

American Foundation for the Blind

Watches, clocks, timers

American Foundation for the Blind

Zale Corporation
512 Ashard
Dallas, TX

Related Services

For the deaf/blind person to obtain the most appropriate education possible, it is necessary that a wide range of ancillary services be made available. As mentioned in the *Education Placement* section, these ancillary services should be considered an integral part of the program serving the deaf/blind child. The ancillary services that should be available are the following.

- Physical therapy
- Occupational therapy
- Audiological services
- Orientation and mobility services
- Psychological services
- Communication and language development services
- Low vision services

All of these ancillary services should be available to deaf/blind children regardless of their placement.

Program Evaluation

Program evaluation should be an on going process that enables staff, community and students to better achieve the goals of the educational placement. For the most current information on these instruments, call the Office of State Schools and Public Libraries at (404) 656-2537 or write 1454 Twin Towers East, Atlanta, Georgia 30334. An evaluation instrument designed by the Southeast Regional Center for Deaf/Blind Children and Youth can be found in the appendices.

Additional Resources

Professional Resources

Alexander Graham Bell Association for Deaf, Inc.
1537 35th St., NW
Washington, DC 20013

American Foundation for the Blind, Inc.
Public Education Division
15 W 16th St.
New York, NY 10011

American Foundation for the Blind
Equitable Building
100 Peachtree St., Suite 213
Atlanta, GA 30303

The National Association for the Deaf/Blind
525 Opus Ave.
Capitol Heights, MD 20027

North American Committee on Services for Deaf/Blind Children and Youth (NACSDB)
Chairman, NACSDB
999 Pelham Parkway
Bronx, NY 10469
Membership - $2 yearly

International Association for Education of the Deaf/Blind (IAEDB)
North Rocks Central School for Blind Chidren
P. O. Box 33
Carlingford, N. S. W., Australia 2118
Membership - $10 yearly

Physical Education and Recreation for the Handicapped Information and Research Utilization Center
1201 16th St., N. W.
Washington, DC 20036

International Council for Exceptional Children
1920 Association Drive
Reston, VA 20091

American Council for the Blind
National Representative
1211 Connecticut Ave., N. W.
Washington, DC 20006

National Deaf/Blind Program
Department of Education for the Handicapped
Room 4046, Donohoe Building
400 Maryland Ave., S. W.
Washington, DC 20202

National Easter Seal Society for Crippled Children and Adults
Executive Director
2023 W. Ogden Ave.
Chicago, IL 60612

Community Organizations

Most of the local civic organizations are willing to assest the deaf/blind to some degree. A partial listing of these civic organizations follows.

Garden Clubs of America
Jaycees
Lions Club
Masonic Lodge
Moose Club
Rotary Club
Kiwanis Club
Optimist Club
Elks
American Legion
Veterans of Foreign Wars
Girl Scouts
League of Women Voters
Women's Club
Young Women's Club of America
Young Men's Club of America
Parent/Teacher Association
Local church groups
National Association for the Advancement of Colored People
Southern Christian Leadership Conference
Arts Council
Boy Scouts

Available to most communities in Georgia are the following services.

Children's Medical Services
Mental health clinics
Area technical schools
Days care facilities
Drug abuse programs
Family and Children Services
Public Health Clinic
Youth Development Center
Division of Rehabilitation Services
Employment services
Work incentive programs
Job Training Partnership Act (JTPA)

Child Advocacy

For information regarding advocacy contact one or more of the following agencies or individuals.

Georgia Advocacy Office
Local branch of the Department of Family and Children Services
Legal Aid Society
Association for Retarded Citizens
Local legislator

If the above are unable to help you, call the Coordinator for Deaf/Blind Services, Georgia Department of Education, (404) 656-2537.

The Georgia Learning Resources System (GLRS)

What is GLRS?

The Georgia Learning Resources System (GLRS) is a teacher support system for special educators and other professionals who work with exceptional children. GLRS is part of a nationwide network of special education learning resource centers. Within Georgia there are 17 GLRS centers coordinated by the Program for Exceptional Children of the Georgia Department of Education. They are located in Albany, Atlanta, Augusta, Cleveland, Columbus, Ellijay, Griffin, Macon, Savannah, Scottdale, Summerville, Valdosta, Vidalia, Waycross, Whitesburg, Winterville and Wrightsville. Each center serves approximately 10 to 30 surrounding counties, enabling individuals to reach a center without traveling more than about 60 miles.

What Services Does GLRS Provide?

- GLRS maintains an instructional materials center where special educators can preview and borrow materials. The collection includes diagnostic materials, teacher training and professional materials and child use instructional materials. Materials are loaned on a short-term basis to provide educational intervention for particular children, to be used by teachers for trial or preview or to help facilitate selection and purchase decisions.
- GLRS provides in-service training through workshops and conferences on effective use of media and educational equipment, new teaching techniques and methods and innovative instructional materials. Every effort is made to provide workshops which directly relate to the identified needs or interests of each school system.
- GLRS maintains a videotape collection of outstanding special education workshops which have been conducted throughout Georgia. In addition, exemplary special classrooms can be videotaped. These tapes may be borrowed for workshops, in-service meetings or individual previewing.
- GLRS sponsors various special projects to introduce innovative ideas and materials being used successfully with exceptional children across the nation. The Select-Ed Prescriptive Materials Retrieval System, Educational Research Information Center (ERIC), Materials Analysis and Retrieval System (MARS) and the master-teacher model are some of the educational innovations which GLRS has introduced to Georgia educators.
- GLRS acts as an information interchange network. Information is disseminated to special educators about the various areas of exceptionality of the programs and services offered to exceptional children in Georgia and about meetings and conferences of interest to special educators.
- GLRS provides information and referral for diagnostic services and educational planning for the severely handicapped child.
- GLRS provides coordination and support for Child Serve activities.

How Can I Use the Services of GLRS?

Any individual who works with exceptional children may use the services of GLRS. This includes teachers, administrators, teacher trainers, college students, psychologist, counselors, therapists, etc. Persons needing help should contact the closest GLRS center for further information and to begin taking advantage of the services and materials available for Georgia educators and the exceptional children they serve.

Child Serve: A Child Support System

Child Serve is a statewide network consisting of 17 programs that operate on behalf of handicapped children. The Child Serve network helps in identifying and providing appropriate educational help to such children throughout Georgia.

Who Does It Help?

Child serve helps all children ages zero-21 who need special education and all individuals who serve handicapped children, including the fol-lowing.

- Parents
- Regular classroom teachers
- Special education teachers
- Guidance counselors
- Psychometrists
- School social workers
- Private school and agency personnel
- Community, parent and civic organizations
- Service agencies
- Paraprofessionals

What Does Child Serve Do?

Child Serve has four basic functions.

- **Identification of Handicapped Children** —Child Serve personnel work together with community agencies, local school systems and parents in locating both preschool and school-age children who are handicapped.
- **Involvement with Individualized Education Programs for Handicapped Children** —Child Serve personnel are available to help schools provide instructional materials, program planning and related services to meet the needs of handicapped children as specified in their IEP's.
- **Direction Services** —In order to help families and school personnel, Child Serve maintains a statewide information network designed to match the needs of handicapped children with appropriate community agencies and resources.
- **Staff Development** —Upon request, Child Serve personnel conduct training activities, inservice workshops and community awareness programs to groups involved with handicapped children.

What is the Charge for These Services?

There is no charge. The Georgia Child Serve project is funded by a federal grant and administered through the Program for Exceptional Children, Georgia Department of Education.

How Do I Get More Information on Child Serve?

Child Serve
Program for Exceptional Children
Georgia Department of Education
1970 Twin Towers East
Atlanta, GA 30334
(404) 656-6319

Georgia Psycho-educational Center Network for Severely Emotionally Disturbed Children

The phychoed centers are multidistrict programs designed to serve a low incidence population. The projected population for SED is one-half of one percent of the population ages zero-18. There are currently 24 centers, each with satellite services providing nonresidential, community-based services including diagnostic, educational, psychological and psychiatric assessment, remedial services such as special education classes, individual/group sessions and parent services.

Each center is responsible for serving children ages zero-18 who are severely emotionally disturbed or behaviorally disordered. The major admission requirement is the presence in a student of an emotional or behavioral disorder severe enough to require a special treatment program or a special education program not available in the public school or community. Children who have mild to moderate behavior problems or discipline problems are not eligible. These children eligible for SED center services are characterized by

- severe emotional disturbance such as, but not limited to, childhood schizophrenia, severe emotional deprivation and adjustment reactions.

- severe behavioral disorders such as, but not limited to, autism, neurological impairment, cultural deprivation and developmental lag.
- severe school-related maladjustment in areas such as, but not limited to, behavior, socialization, communication and academic skills.

At all centers referrals are accepted from early childhood programs, private day care programs, community service centers, well-baby clinics, kindergartens, public schools, parents and other child-serving agencies and physicians.

For additional information, contact the Coordinator, Psychoeducational Center Network for the Severely Emotionally Disturbed, Georgia Department of Education, 1966 Twin Towers East, Atlanta, GA 30334, or call (404) 656-2427.

State Schools

There are three state-operated schools in Georgia for handicapped children. They are the Atlanta Area School for the Deaf, Clarkston; the Georgia Academy for the Blind, Macon; and the Georgia School for the Deaf, Cave Spring.

Atlanta Area School for the Deaf

Traditional academic instruction complimented by a preschool program and a vocational education program are available to hearing impaired students ages birth through 21 who reside in the metro Atlanta area. A day program, the school offers complete audiological, speech, communication, psychological and educational diagnostic services to all potential students.

A special program available through the Atlanta Area School for the Deaf is the Georgia Parent Infant Network for Education Services (Ga. PINES) a statewide preschool service for parents of deaf and deaf/blind children. For further information, contact
Superintendent
890 North Indian Creek Drive
Clarkston, Georgia 30021
(404) 296-7101

Georgia Academy for the Blind

A residential school serving visually impaired Georgia residents ages five-21, the school offers a traditional academic program, a comprehensive vocational education program and speciality services, i. e., orientation and mobility, low vision, and comprehensive educational services to multihandicapped.

In addition, diagnostic and evaluation services are offered to any potential student at no charge.

For further information, contact
Superintendent
2895 Vineville Ave.
Macon, Georgia 32104
(912) 744-6083

Georgia School for the Deaf

The traditional academic instruction complemented by a computer-assisted reading laboratory and a comphrehensive vocational education program are available to hearing impaired and deaf students ages three-21. Students also participate in intramural sports, varsity athletics, cultural enrichment activities and joint enrollment programs with Floyd Junior College, Coosa Valley Vocational-Technical School and the Rehabilitation Center for the Deaf. Complete audiological, speech, communication, psychological and educational diagnostic services are used to develop each student's individual education plan. The child attends at no cost to the parents.

A partial list of services offered by the Georgia School for the Deaf follows.

- Hearing tests and early identification of deaf children
- Diagnosis, evaluation and education of deaf children
- Counseling, guidance and instruction for parents of deaf children
- Auditory training, group and individual hearing aide use
- Programs of language and speech for deaf children
- Specialized programs from preschool through full secondary school and vocational courses in graded classes under trained teachers of the deaf.
- Total communication instruction involving hearing aides, manual/visual methods, speech and speechreading
- Continual emphasis on language skills in all subject matter courses
- Continuing assessment and reassessment of each child's educational needs
- Counseling, education, vocational and personal guidance for individual deaf students
- Auditory-visual training throughout schooling

- A therapeutic recreation and dormitory teacher program after school hours
- Regular homegoing on weekends on school furnished transportation
- 24-hour infirmary with medically licensed staffed.

For further information, contact
Superintendent
Georgia School for the Deaf
P. O. Box 98
Cave Springs, Georgia 30124
(404) 777-3310

The state schools are administered by Peyton Wiliams Jr., Associate State Superintendent, Office of State Schools and Public Libraries, Georgia Department of Education, 1454 Twin Towers East, Atlanta, Georgia 30334.

Appendix

Glossary

Terms Relating to Hearing Impairment

Audiometer—instrument designed to measure the sensitivity of hearing.

Audiological examination—an assessment of hearing by an audiologist (a person trained to test hearing).

Bilateral—pertaining to both ears or both sides of the head.

Binaural fitting—two complete hearing aids—one for each ear—as opposed to bilateral or "Y" cord.

BSER (Brain Stem Evoked Response)—objective test of hearing that uses changes in electrical activity of the brain to measure hearing. Sedation is usually required, but there is no discomfort to the patient.

Cerumen—earwax.

Decibel—one-tenth of a bell. (Commonly noted as DB).

ENT—ear, nose, throat.

Informal response to sound—a person's response to sound without prior conditioning.

Three types of informal sound response

1. Startle reaction - may take form of an eyeblink, moro (whole body) reflex, vocalization, cessation of activity, etc.
2. Looking at or perhaps also reaching for a noismaker within the child's field of vision.
3. Looking for the direction (localization) of the sound presented outside of the visual field.

Formal response to sound—a type of operant conditioning to which the child is taught to listen for a sound and respond when he hears it. His reponse may be any game such as pointing to his ear, dropping blocks in a box, etc. Play audiometry is used by the teacher as well as the audiologist.

The speech reception threshold—the lowest level at which one can understand 50 percent of the spondees (two syllable words with equal stress) presented. (Examples of spondees are hotdog, cowboy, baseball)

Pure tone threshold—the lowest level at which one can hear a pure tone 50 percent of the time it is presented. A pure tone is delivered to earphones via an audiometer.

Typanogram—a chart of the results of typanometry - compliance measurement at the eardrum.

Stapedius reflex— a contraction of the stapedius muscle in response to a loud sound.

Impedance meter—an electroacoustic device designed to measure acoustic impedance at the drumhead (the ability of the eardrum and ossicular chain to transmit sound pressure waves); the stapedius reflex; the compliance of the tympanic membrane.

Auditory training—lessons or vocal "experience exposure" designed to help a person with impaired hearing make the best of his or her remaining hearing.

Otologist—medical doctor specializing in diseases or problems of the ear.

Otolaryngologist—medical doctor specializing in diseases of the ear and throat, usually the nose as well.

Deaf and dumb—unacceptable term to indicate a deaf person.

Otitis—a broad term for inflammation of the ear.

Myringotomy (tympanotomy)—surgical opening of the eardrum.

Terms for Types of Hearing Loss

Conductive hearing loss—impairment of the hearing due to the failure of sound pressure waves to reach the cochlea through the normal air conduction channels. This type of deafness is often responsive to medical or surgical treatment.

Congenital hearing loss—conditions which are present at birth.

Cortical hearing loss — deafness due to damage to the hearing centers in the cortex of the brain.

Profound hearing loss — extreme hearing impairment bordering on total deafness.

Sensorineural hearing loss—deafness which results from damage to the sensory mechanism. (Formerly known as "nerve" or perceptive deafness)

Terms Relating to Medication

Name	Indications	Adverse Reactions
Dilantin	Grand Mal, Psychomotor and Focal Seizures, especially in combination with Mysoline and/or Phenobarb.	Drowsiness, rash, ataxia, diplopia, fever, gastric distress, gum hypertrophy lymphadenopathy.
Phenobarbital	All seizures, most useful in combination with other medications.	Drowsiness, rash, chilling, fever, hyperactivity, irritability.
Mysoline	Grand Mal, Psychomotor and Focal Seizures, especially in combination with Dilantin and Phenobarb.	Drowsiness, rash, ataxia, dizziness, nausea.
Depakene	Anticonvulsant	Gastrointestinal disturbance, loss of hair, drowsiness.
Diamox	Petit Mal, all seizure types.	Drowsiness, acidosis, anorexia, blood dyscrasias, numbness of extremities.
Valium	Mixed Epilepsies, status epilepticus.	Drowsiness, ataxia.
Tegretol	Partial seizures with complex symptomatology, Grant Mal, mixed seizure pattern.	Dizziness, drowsiness, unsteadiness, nausea, vomiting, aplastic anemia, hepatic and genitourinary problems.
Ritalin	Minimal Brain Dysfunction. Characteristics include: history of short attention span, distractability, emotional ability, impulsiveness, moderate to severe hyperactivity.	Nervousness, insomnia, rash, urticaria, fever, anorexia, dizziness, palpatation, headache, drowsiness, tachycardia, weight loss.
Cylert	Minimal Brain Dysfunction in children. Chronic history of moderate to severe hyperactivity, short attention span, distractability, impulsiveness.	Insomnia, anorexia, stomachache, rash, irritability, dizziness, headache, hallucinations.
Mellaril	Management of psychotic disorders, moderate to severe agitation, hyperactivity, or aggressiveness in disturbed children.	Drowsiness, pseudoparkinsonian symptoms, nocturnal confusion, hyperactivity, restlessness, lethargy, headache.

Terms Relating to the Eye

Accommodation — the adjustment of the eye for seeing at different distances, accomplished by changing the shape of the crystaline lens through action of the ciliary muscle, thus focusing a clear image on the retina.

Albinism — an hereditary loss of pigment in the iris, skin and hair; usually associated with lowered visual acuity, nystagmus and photophobia and often accompanied by refractive errors.

Amblyopia — dimness of vision without any apparant disease of the eye.

Amblyopia Ex Anopsia — dimness of vision due to disuse of the eye, "Lazy Eye Blindness."

Aniseikonia — a condition in which the ocular image of an object as seen by one eye differs in size or shape from that seen by the other eye.

Asthenopia — eye fatigue caused by tiring of the internal or external muscles.

Astigmatism — refractive error which prevents the light rays from coming to a single focus on the retina because of different degrees of refraction in various meridians of the eye.

Binocular vision — the ability to use the two eyes simultaneously to focus on the same object and to fuse the two images into a single image which gives a correct interpretation of its solidity and its position in space.

Blepharins — inflammation of the margin of the eyelids.

Blindness — in the United States, the legal definition of blindness is central visual acuity of 20/200 or less in the better eye after correction or a visual acuity of more than 20/200 if there is a field defect in which the widest diameter of the visual field subtends an angle distance no greater than 20 degrees. Some states include up to 30 degrees.

C, CC (Cum Correction) — with correction, wearing prescribed lenses.

Cataract — a condition in which the crystalline lens of the eye or its capsule or both become opaque, with consequent loss of visual acuity.

Central visual acuity — ability of the eye to perceive the shape of objects in the direct line of vision.

Color deficiency — diminished ability to perceive differences in color, usually for red or green, rarely for blue or yellow.

Concave lens — lens having the power to diverge parallel rays of light, also known as diverging, reducing, negative, myopic or minus lens, denoted by the sign - (minus).

Congenital — present at birth.

Conjunctiva — mucous membrane which lines the eyelids and covers the front part of the eyeball.

Conjunctivitis — inflammation of the conjunctiva.

Contact or corneal lenses — lenses so constructed that they fit directly on the eyeball. These are used for the correction of vision in some cases and are also used after cataract (lens) extraction to replace the lens removed from the eye. They provide less distortion and image size difference from the other eye than would spectacles.

Convergence — the process of directing the visual axes of the eyes to a near point, with the result that the pupils of the two eyes are closer together. The eyes are turned inward.

Convex Lens — lens having power to converge parallel rays of light and to bring them to a focus, also known as converging, magnifying, hyperopic or plus lens, denoted by + (plus).

Cornea — clear, transparent portion of the outer coat of eyeball forming front of aqueous chamber.

Corneal graft — operation to restore vision by replacing a section of opaque cornea with transparent cornea.

Crystalline lens — a transparent, colorless body suspended in front of the eyeball between the aqueous and the vitreous, the function of which is to bring the rays of light to a focus on the retina.

Cylindrical lens — a segment of a cylinder, used in correction of astigmatism, the refractive power of which varies in different meridians.

Depth perception — the ability to perceive the solidity of objects and their relative position in space.

-duction—a stem word with a prefix to describe the turning or rotating of the eyeball (abduction -turning out, adduction - turning in).

Dyslexia — inability to read which is apparently due to a neurological problem.

Enucleation — complete surgical removal of the eyeball.

Eye dominance—tendancy of one eye to assume the major function of seeing assisted by the less dominant eye.

Field of vision — the entire area which can be seen without shifting the gaze.

Floaters — small particles consisting of cells or fibrin which move in the vitreous.

Focus — point at which rays are converged after passing through a lens; focal distance traveled by rays after refraction but before focus is reached.

Fovea—small depression in the retina at the back of the eye; the part of the macula adapted for most acute vision.

Fusion — the power of coordinating the images received by the two eyes into a single mental image.

Glaucoma — increased pressure inside the eye, hardening of the eyeball caused by accumulation of aqueous fluid in the front portion.

Iris — colored, circular membrane, suspended behind the cornea and immediately in front of the lens. The iris regulates the amount of light entering the eye by changing the size of the pupil.

Hyperopia — a refractive error in which the focal point for light rays is behind the retina.

Jaeger test — a test for near vision in which lines of reading matter are printed in a series of various sizes of type.

Lens—a refractive medium having one or both surfaces curved.

Light adaptation — the power of the eye to adjust itself to variations in the amount of light.

Light perception (L.P.) — ability to distinguish light from dark.

Low vision aids — optical devices of various types useful to persons with vision impairment.

Microscopic glasses — magnifying lenses arranged on the principle of a microscope, occasionally prescribed for persons with very poor vision.

Monocular vision — loss of vision in one eye. It may have resulted from disease, injury or other factors. Loss of vision in one eye does not reduce vision by 50 percent. While there is loss of vision on the affected side, it is not a loss of half of the visual system. The child will probably have the problems associated with the lack of binocular vision (the ability to use two eyes to focus on the same object). The child will judge distances inaccurately because of an inability to perceive depth. He or she may dislike athletic activities requiring the ability to judge distances.

Myopia—nearsightedness—a refractive error in which the point of focus for rays of light from distant objects (parallel light rays) is in front of the retina because the eyeball is too long in relation to its focusing power. Thus, to obtain distinct vision, the object must be brought nearer to take advantage of divergent light rays (those from objects less than 20 feet away).

Near point of accommodation - the nearest point at which the eye can perceive an object distinctly. Varies according to the power of accommodation.

Near point of convergence — the nearest single point at which the two eyes can direct their visual lines, normally about three inches from the eyes in young people.

Near vision — the ability to perceive distinctly objects at normal reading distance or about 14 inches from the eyes.

Night blindness—a condition in which the sight is good by day but deficient at night and in faint light.

Nystagmus — an involuntary, rapid movement of the eyeball; it may be lateral, vertical, rotary or mixed.

Oculist or Ophthalmologist — a physician, M.D., who specializes in diagnosis and treatment of defects and diseases of the eye, performing surgery when necessary or prescribing other types of treatment, including glasses.

Oculus Dexter (O.D.) — right eye.

Oculus Sinister (O.S.) — left eye.

Oculus Uterque (O.U.) — both eyes.

Opthalmoscope — an instrument used in examining the interior of the eye.

Optic atrophy — degeneration of the nerve tissue which carries messages from the retina to the brain.

Optometrist — a licensed nonmedical practitioner who measures refractive errors - that is, irregularities in the size or shape of the eyeball or surface of the cornea - and eye muscle disturbances. In his treatment the optometrist uses glasses, prisms and exercises only.

Orthoptic training — series of scientifically planned exercises for developing or restoring the normal teamwork of the eyes.

Orthoptist — one who provides orthoptic training.

Partially seeing child — for education purposes, a partially seeing child is one who has a vision acuity of 20/70 or less in the better eye after the best possible correction and who can use vision as the chief channel of learning.

Peripheral vision — ability to perceive the presence, motion or color of objects outside the direct line of vision.

Prosthesis — an artificial substitute for a missing eye or other missing part of the body.

Refraction — deviation in the course of rays of light in passing from one transparent medium into another of different density and/or determination of refrative errors of the eye and correction by glasses.

Refractive error — a defect in the eye that prevents light rays from being brought to a single focus exactly on the retina.

Refractive media—the transparent parts of the eye having refractive power; cornea, aqueous, lens and vitreous.

Retina — innermost coat of the eye, formed of sensitive nerve fibers and connected with the optic nerve.

Retinitis Pigmentosa (RP) — a congenital degenerative disease in which an excessive amount of pigment is deposited in the periphery of the retina. Causes night blindness and loss of periphery vision.

Retrolental fibroplasia (RLF) — a disease of the retina in which a mass of scar tissue forms in back of the lens of the eye. Both eyes are affected in most cases and it occurs chiefly in infants born prematurely who receive excessive oxygen.

Safety glasses — impact-resistant glasses available for both adults and children with or without visual correction for workshop or street wear protection.

Sclera — the white part of the eye - a tough covering which, with the cornea, forms the external protective coat of the eye.

Snellen chart — used for testing central visual acuity. It consists of lines of letters, numbers or symbols in graded sizes drawn to Snellen measurements. Each size is labeled with the distance at which it can be read by the normal eye. Most often used for testing vision at a distance of 20 feet.

Strabismus—squint-failure of the two eyes to simultaneously direct their gaze at the same object because of muscle imbalance.

Strephosymbolia—mirror reading-a disorder of perception in which objects seem reversed, as in a mirror. A reading difficulty inconsistent with a child's general intelligence, beginning with confusion between similar but oppositely oriented letters (b-d, q-p) and a tendency to reverse direction in reading.

Telescopic glasses — magnifying spectacles designed on the principle of a telescope, occasionally prescribed for improving very poor vision which cannot be helped by ordinary glasses.

Vision — the art or faculty of seeing; sight.

Medical Report

The form on page 36 is a confidential medical record required for entrance into the visually impaired program. It must be completed by a vision specialist—opthalmologist/oculist or optometrist.

Albert E. Sloane, M. D.,
Chairman NSPB Committee on Vision Screening

Children with other than usual vision often post problems for educators. An informative report can do much to resolve these by interpreting the ocular difficulty in terms that can be applied to the school situation.

A changing and enlightened philosophy no long segregates the child with less than normal vision, nor does it believe that he should be treated as an "eye cripple." It is no longer believed that one saves sight by conserving it; instead, eye work is encouraged because it has been found to result in greater proficiency. The visual task is no longer made easier with special larger print if the smaller print can be read with comparative comfort. It accentuates the positive, the vision the child has, rather than stressing the visual lack. It recognizes that some children will need special educational services.

Much superstition, idle talk, and outdated ideas about the eyes still exist to confuse the educators. For example, reading in bed does not make one's eyes weak. Reading in poor light in itself may not be comfortable, but it will not cause organic eye changes, and there are enough sound reasons for condemning long periods of television watching than to threaten it will ruin the eyes.

This report form is suggested as a tangible means for the transmission, in understandable terms, of the visual potential of the student and as a source of information necessary for classification purposes.

Pupils with severe vision problems after correction are educated either in residential or day schools. When day school placement is appropriate, they are part of the regular class program. Any needed additional education services are provided by a specially trained teacher, special materials and equipment.

Those who function with vision are encouraged, by all appropriate means, to use their vision to its fullest capacity. Low vision aids will benefit some.

The eye report is used by school administrators and special teachers to assist in the determination of

- the pupil's educational needs
- the type of educational placement
- educational planning and curriculum adaptation
- the need for large type print
- the need for braille
- pupils to be reported as legally blind to the American Printing House for the Blind to qualify for books and equipment.

CONFIDENTIAL **EYE REPORT FOR CHILDREN WITH VISUAL PROBLEMS** **R L B**

NAME OF PUPIL _____ SEX _____ RACE _____
(Type or print) (First) (Middle) (Last)

ADDRESS _____ DATE OF BIRTH _____
(No. and street) (City or town) (County) (State) (Month) (Day) (Year)

GRADE _____ SCHOOL _____ ADDRESS _____

I. HISTORY

A. Probable age at onset of vision impairment. Right eye (O.D.) _____ Left eye (O.S.) _____

B. Severe ocular infections, injuries, operations, if any, with age at time of occurrence _____

C. Has pupil's ocular condition occurred in any blood relative(s)? _____ If so, what relationship(s)? _____

II. MEASUREMENTS

(See back of form for preferred notation for recording visual acuity and table of approximate equivalents.)

A. VISUAL ACUITY

	DISTANT VISION			NEAR VISION			PRESCRIPTION		
	Without correction	With best correction*	With low vision aid	Without correction	With best correction*	With low vision aid	Sph.	Cyl.	Axis
Right eye (O.D.)									
Left eye (O.S.)									
Both eyes (O.U.)							Date		

*with ordinary lenses

B. If glasses are to be worn, were safety lenses prescribed in: Plastic _____ Tempered glass _____

C. If low vision aid is prescribed, specify type and recommendations for use. _____

D. FIELD OF VISION: Is there a limitation? _____ If so, record results of test on chart on back of form.

What is the widest diameter (in degrees) of remaining visual field? O.D. _____ O.S. _____

E. Is there impaired color perception? _____ If so, for what color(s)? _____

III. CAUSE OF BLINDNESS OR VISION IMPAIRMENT

A. Present ocular condition(s) responsible for vision impairment. (If more than one, specify all but underline the one which probably first caused severe vision impairment.) O.D. _____ O.S. _____

B. Preceding ocular condition, if any, which led to present condition, or the underlined condition, specified in A. O.D. _____ O.S. _____

C. Etiology (underlying cause) of ocular condition primarily responsible for vision impairment. (e.g., specific disease, injury, poisoning, heredity or other prenatal influence.) O.D. _____ O.S. _____

D. If etiology is injury or poisoning, indicate circumstances and kind of object or poison involved. _____

IV. PROGNOSIS AND RECOMMENDATIONS

A. Is pupil's vision impairment considered to be: Stable _____ Deteriorating _____ Capable of improvement _____ Uncertain _____

B. What treatment is recommended, if any? _____

C. When is reexamination recommended? _____

D. Glasses: Not needed _____ To be worn constantly _____ For close work only _____ Other (specify) _____

E. Lighting requirements: Average _____ Better than average _____ Less than average _____

F. Use of eyes: Unlimited _____ Limited, as follows: _____

G. Physical activity: Unrestricted _____ Restricted, as follows: _____

TO BE FORWARDED BY EXAMINER TO:

Date of examination _____

Signature of examiner _____ Degree _____

Address _____

If clinic case: Number _____ Name of clinic _____

PREFERRED VISUAL ACUITY NOTATIONS

DISTANT VISION. Use Snellen notation with test distance of 20 feet. (Examples: 20/100, 20/60). For acuities less than 20/200 record distance at which 200 foot letter can be recognized as numerator of fraction and 200 as denominator. (Examples: 10/200, 3/200). If the 200 foot letter is not recognized at 1 foot record abbreviation for best distant vision as follows:

HM	HAND MOVEMENTS
PLL	PERCEIVES AND LOCALIZES LIGHT IN ONE OR MORE QUADRANTS
LP	PERCEIVES BUT DOES NOT LOCALIZE LIGHT
No LP	NO LIGHT PERCEPTION

NEAR VISION. Use standard A.M.A. notation and specify best distance at which pupil can read. (Example: 14/70 at 5 in.)

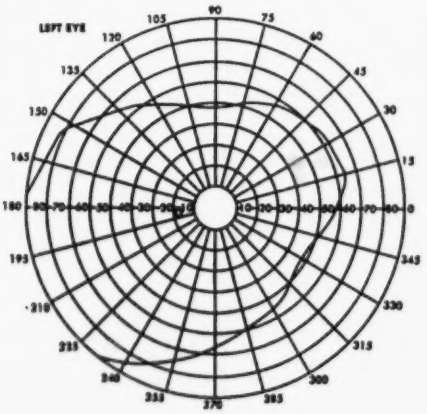
TABLE OF APPROXIMATE EQUIVALENT VISUAL ACUITY NOTATIONS

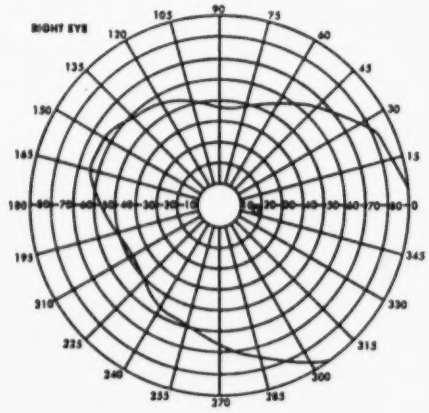
These notations serve only as an indication of the approximate relationship between recordings of distant and near vision and point type sizes. The teacher will find in practice that the pupil's reading performance may vary considerably from the equivalents shown.

Distant Snellen	Near			% Central Visual Efficiency for Near	Point	Usual Type Text Size
	A.M.A.	Jaeger	Metric			
20/20 (ft.)	14/14 (in.)	1	0.37 (M.)	100	3	Mail order catalogue
20/30	14/21	2	0.50	95	5	Want ads
20/40	14/28	4	0.75	90	6	Telephone directory
20/50	14/35	6	0.87	50	8	Newspaper text
20/60	14/42	8	1.00	40	9	Adult text books
20/80	14/56	10	1.50	20	12	Children's books 9-12 yrs
20/100	14/70	11	1.75	15	14	Children's books 8-9 yrs.
20/120	14/84	12	2.00	10	18	Large type text
20/200	14/140	17	3.50	2	24	
12.5/200	14/224	19	6.00	1.5		
8/200	14/336	20	8.00	1		
5/200	14/560					
3/200	14/900					

FIELD OF VISION. Record results on chart below.

Type of test used:_____ Illumination in ft. candles:_____





Test object: Color(s)_____ Size(s)_____ Test object: Color(s)_____ Size(s)_____

Distance(s):_____ Distance(s):_____

Stat 4 Rev/869/10M National Society for the Prevention of Blindness, 79 Madison Avenue, New York, N.Y. 10016

Basic Interpretation of Eye Reports

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Visual Acuity—Measurement of visual acuity is a clinical test which is useful for monitoring changes in visual status and for predicting the magnification needed to see some object. A visual acuity measurement is not useful for determining ability to function visually nor for determining career choice, classroom situation or training program. Visual acuity should never be used to predict visual function or performance.

Related Terms

Sphere — The power of the lens that corrects one's hyperopia or myopia. Negative lenses correct myopia and plus lenses correct hyperopia, e.g., -3.00 and +6.75.

Cylinder—The power of the lens that corrects astigmatism.

Axis — The orientation of the correcting cylinder.

Add — Additional power used to focus at a near working distance as in bifocal.

Diopter — The unit of measurement of lens power.

LP, LPO, NLP—Light perception, light perception only, no light perception.

Occasionally you will see the abbreviations HM and CF at 6 meaning the patient detected hand motion or could count fingers at 6 feet. These essentially useless pieces of data do not represent good clinical measurements. Eye reports with this notation generally indicate an incomplete testing of the patient's visual acuity.

Visual Field — The visual field of each eye is measured separately at a given test distance. This measurement indicates how well the patient can see "out of the corner of his eye" while looking straight ahead. Constricted visual fields indicate the possibility of mobility and visual function problems. Very small fields give rise to difficult reading even if the acuity is excellent. Fields are measured as an angle, in degrees, from the center of fixation to the extent of the peripheral vision. Full fields are on the order of 70 degrees to 100 degrees. Legal blindness is 20 degrees or less in the widest diameter and 5 degrees would be considered quite small.

Related Terms

Scotoma — An isolated area of mission vision.

Confrontation — A screening method of measuring the visual field whereby the doctor faces the patient (confronting him) and moves his fingers inward from the periphery until the patient first sees them.

Tanget screen — A common apparatus for measuring the field.

Muscle Function—The muscle function is easily determined by assessing a person's ability to turn his or her eyes to the full extent in all positions of gaze. Difficulty in muscle function might be caused by nerve or muscle pathology.

Binocular Function — The two eyes must work together in a coordinated manner to have normal binocular function.

Related Terms

Strabismus — An eye turn such as exotropia, in which case the eyes are not functioning together.

Depth perception — It is a misconception that two eyes are needed in order to have depth perception. You can easily prove this to yourself by covering one eye and trying to determine which of two objects is closest to you.

Stereopsis — One type of depth perception that does depend upon having binocular vision.

Color Perception — The measurement of color vision requires a carefully manufactured set of test plates that allow that patient to distinquish them on the basis of hue and not brightness. A person with no color vision might match colors on the basis of brightness since not all colors appear equally bright. It is probably more of a nuisance than a handicap to have a color vision impairment.

Related Terms

Color blindness — This term is a poor choice. Very few people have absolutely no color vision and even then they would hardly be blind.

Color deficient — This is a better term than "color blind" since most people with a color vision impairment can still distinguish some colors.

Intraocular Tension—The pressure within the eye is measured in terms of millimeters of mercury. Generally speaking, measurements greater than 22 mmHg are considered high. It is important to remember that one might not have glaucoma even with rather high pressures and might have glaucoma with relatively low pressures. Other tests are necessary to make the diagnosis of glaucoma.

Fundus Examination — Anatomically speaking, a fundus is a sack-like structure in the body. In an eye report we are referring to the eyeball. The area that is examined is the retina which forms the inner lining of the eye.

Related Terms

Ophthalmoscope — The instrument used to examine the retina.

Mydriatic — A drug which causes the pupil to dilate.

Diagnosis — It is important to determine a precise diagnosis in order to implement a proper treatment plan. One particularly important aspect of the diagnosis concerns the future control of visual impairments and that is the determination of genetically inherited disease states. Everyone with an inherited eye disease should receive genetic counseling. This is not to imply that they should be told not to have children but rather that they should be allowed to make the choice in an informed manner. It is also important to reach their other family members who may be of child-bearing age and who may be unknowing carriers of that genetic trait.

Treatment—Treatment may be divided into two types: immediate and follow-up. It is unfortunate that a large number of people are lost to follow-up because they did not understand or did not receive the total treatment plan. Immediate treatment may include surgery, pharmaceutical agents, glasses, low vision aids, mobility training, genetic counseling and orthoptics (training).

A Few Guidelines

- The treatment plan should be explained to the patient and any others (teachers, counselors, family members) who will be instrumental in following through with that plan. As a consumer of eye care you should receive satisfaction in this area or seek another provider of that care.
- Persons with reduced vision acuity should have a low vision examination by a specialist in that field to determine if any low vision aids might be of benefit to them. It is not safe to assume that this is a routine part of any eye examination.
- Persons who have only one useable eye or who have one eye that is decidedly better than the other should wear glasses even if they have no refractive error for the protection of their one remaining eye.
- Contact lenses are the treatment of choice in some eye conditions and should not always be considered a luxury item. Additionally, it is never a questions of glasses or contact lenses since glasses must also be provided for those times when the contact lenses are not worn. Contact lenses are not prescribed for full-time wear. Ten to 15 hours a day is the usual maximum.
- Just as a drug may be tried unsuccessfully, so might glasses. This is not unusual and should not be unexpected.
- Low vision aids are frequently difficult to use and the patient must be trained in their proper use for best results.
- There are good quality frames and lenses and poor quality frames and lenses. The good quality materials cost more.
- Using your eyes will not wear them out or make them weaker. There is no possibility of damage to the eyes by using strong glasses, or low vision aids or by reading material held very close to the eyes.

Prognosis — A prognosis is exactly that! It is not a promise. We can only make a best guess about the prognosis of any eye disease and there is always the chance that it will be wrong. Vision is a wonderful sense to have and it should be enjoyed as much as possible for as long as it lasts.

Performance Implications of Some Common Eye Pathologies—There are many variations among people with the same eye disease. The following are generalizations only.

Macular degeneration—Reduced visual acuity, loss of central vision and hence eccentric viewing, color vision deficiencies.

Cataract—Overall decreased acuity, variable effects of light, frequently photophobic.

Glaucoma—Decreased visual fields, fluctuating vision, may experience episodes of pain, probably treated with drops or tablets.

Retinitis Pigmentosa—Poor night vision, decreased visual fields, often associated with other eye diseases such as cataracts or macular degeneration. An inherited eye disease—genetic counseling needed for patient and family.

Diabetic retinopathy—Fluctuating vision, isolated field losses.

Optic atrophy—Overall acuity loss, color vision deficiencies.

Nystagmus—Usually secondary to a visual loss, may decrease or be more comfortable in a different field of gaze. Hence, the patient has a head turn.

Albinism—Frequently have large refractive errors, photophobia, under developed retina and hence reduced visual acuity, nystagmus.

Summary—To interpret an eye report you need a basic understanding of the related vocabulary, the usual tests and the more common eye pathologies. The best source of interpretation should be the examiner who will always be willing to explain findings and recommendations. If not, find a new examiner.

Certification Form

I recommend that _____ be considered deaf/blind according to the definition set forth in the Federal Register, Volume 40, No. 35, February 20, 1975, Section 121 C. 37 (a) which states

> *"Determination of deaf/blind children. As used in the part, the term deaf/blind children means children who have auditory and visual handicaps, the combination of which causes such severe communication and other development and educational problems that they cannot properly be accommodated in special education programs solely for the hearing handicapped child or for the visually handicapped child."*

Enclosed are the results of the audiological, ophthalmological and educational evaluations that served as the basis of this recommendation.

_____

Name of Parents/Parent Surrogates

_____

Street Address or Post Office Box

_____

Street Address or Post Office Box

_____

City **State** **Zip**

_____

Telephone Number **Home** **Office**

The parents/parent surrogates of this child have been notified that their child is being considered for placement on the state/regional deaf/blind registry. They have given their written permission for this child's name to be placed on these registries.

Recommended for certification by

_____

Name

_____

Position

_____

Agency

_____

Agency Address

_____

_____

Agency Phone Number **Date**

Procedures

(Certification Form)

1. Any agency may recommend placement of a child on the regional or state deaf/blind registry by completing the certification form and attaching the appropriate documentation (audiological, ophthalmological and educational evaluations).
2. These completed forms plus attached documentation will be forwarded to the state coordinator for approval. Send them to State Coordinator for Deaf/Blind Services, Georgia Department of Education. 1454 Twin Towers East, Atlanta, Georgia 30334.
3. The state coordinator will review for accuracy and completeness the certification forms plus attachments with the Certification Review Board and recommend or not recommend placement on the state registries.
4. The state coordinator will then inform in writing the agency as to whether the child is or is not certified deaf/blind and the effective date of certification. A service status report will accompany this notification when a child is admitted to the state registry.
5. The agency will send the service status form to the state coordinator who will check the form for accuracy and completeness and will file.

Evaluation Instrument for Deaf/Blind Programs

Developed by the Southeast Regional Center for Deaf/Blind Children and Youth

EVALUATION FORMAT

DNA -- Did not apply
NOTO – No opportunity to observe

AREAS	YES	NO	DNA	NOTO	COMMENTS
ADMINISTRATIVE RESPONSIBILITIES SECTION					
A. Program Organization Within Given Facility					
1. Organizational Plan					
a. Does the facility have an organization plan that includes the deaf/blind program?					
b. Does the program have an organizational chart including all staff positions utilized by the program?					
2. Job Descriptions					
a. Does the program have written job descriptions for each position?					
b. Does each staff member have a copy of his/her job description?					
c. Are the job descriptions reviewed and revised on a regular basis? (at least annually)					
3. Policies and Procedures					
a. Does the facility have a written outline of administrative and operational policies and procedures?					
b. Is there a written outline of procedures and policies that includes the program's purpose and/or goals?					
c. Are there written criteria for admission to the program?					
d. Are there written criteria for discharge from the program?					
e. Do referrals to or from the program reflect effective interaction with other agencies?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
f. Is the program for the deaf/blind in compliance with the regional center's following requirements for documenting child eligibility for services? 1) Certification of deafness/blindness					
2) Release of information					
3) Admission form					
4) Summary of diagnosis and evaluation					
5) Individual educational plan					
6) Change of information					
7) Agency listing forms					
8) Discharge forms					
9) Periodic reassessment					
g. Does the program have a procedure on internal evaluation? If so, please describe.					
4. Are policies and procedures of the agency congruent with those of the regional center?					
B. Financial Review 1. Does the program for the deaf/blind submit monthly VI-C financial reports to the Regional Center for Services to Deaf-Blind Children? (515 Forms)					
2. Does the program receive funds and resources other than Title VI-C? If so, identify.					
3. Does the program exhibit **effective** use of the funds allocated? (staff, materials, etc., equal to money allocated)					
4. Is there an outline available for review which describes the securing and utilization of funds available?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
5. Are the program staff members involved in budget planning?					
6. Are salaries of program staff commensurate with those in other local agencies?					
C. Personnel 1. Hiring a. Does the deaf/blind program request information from the Regional Center for Services to Deaf/Blind Children concerning available and qualified applicants, and forward that information to the facility's personnel department?					
b. Is a written job description provided each applicant?					
c. Does the program staff participate in the interviewing process during hiring procedures?					
D. Review of Program Organization 1. Are items included in Sections A, B, C available for review by the parents/surrogates of deaf/blind students?					
2. Are items included in sections A, B, C available for review by the staff members of the deaf/blind program?					
E. Future Planning 1. Is there ongoing planning for future development and funding of the programs and facilities?					
2. If yes, briefly outline such plans.					
F. Additional Comments					

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AREAS	YES	NO	DNA	NOTO	COMMENTS
RESIDENTIAL FACILITIES/SERVICES SECTION					
A. Classroom 1. Are the classrooms large enough for the number of residents?					
2. Is the lighting appropriate and used for the benefit of the residents' residual vision?					
3. Are the accoustics appropriate and used for the benefit of the residents' residual hearing?					
4. Are the classrooms well ventilated and heated as needed?					
5. Are the classrooms well maintained and free of objects which may prohibit the movement of the deaf/blind residents (barrier-free)?					
6. Do the classrooms have sufficient and appropriate furniture for the activities performed there?					
7. Are there toileting facilities easily accessible?					
a. Are the toilet facilities sufficient in number?					
b. Are the toilet facilities appropriate in size and accommodations for the multiplicity of handicaps exhibited by the residents (barrier-free)?					
8. Are the classrooms appropriately situated in the facility to insure accessibility to all resources?					
B. Other Program Facilities 1. Does the sponsoring agency have other facilities used by those in the program for the deaf/blind? (infirmary, gym, student center, auditorium, etc.)					
If yes, please specify.					
2. Are these facilities appropriate and accessible to multihandicapped residents?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
3. Are there essential facilities which are not available to the deaf/blind residents? If yes, please specify.					
C. Safety Codes, Plans, Systems: 1. Does the facility have a complete disaster plan covering a. Fires?					
b. Bomb threat?					
c. Tornadoes?					
d. Floods?					
e. Other? (Please specify.)					
3. Does the facility have warning systems appropriately situated for the dual handicaps of deafness and blindness?					
4. Are disaster drills regularly scheduled?					
5. Are vehicles used for transporting residents well maintained and appropriate for multiply handicapped persons?					
6. Is the facility in compliance with state sanitation codes?					
D. Health Care 1. Procedures a. Is there a procedure for referring deaf/blind residents for consultative services at local medical facilities?					
b. Is medication dispensed only by appropriately trained staff?					
c. Is there a procedure for continuous monitoring of each deaf/blind resident's medication?					

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AREAS	YES	NO	DNA	NOTO	COMMENTS
d. Are all staff trained in procedures for handling residents who may have seizures?					
E. Security Services 1. Is there a security system used?					
2. Are there security guards?					
F. Food Services 1. Does the facility have meals planned by a qualified dietician?					
2. Are the meals prepared under the supervision of the dietician?					
3. Does the dietician make modifications to meet the needs of the deaf/blind students?					
G. Maintenance/Housekeeping Services 1. Is there a specific procedure for requesting housekeeping services?					
2. Is there a specific procedure for requesting maintenance services?					
H. Additional Comments					
QUALITY OF RESIDENT LIVING SECTION					
A. Human Discipline 1. Does the facility have a written policy that indicates physical restraints are to be used on residents only as a temporary measure to protect others and the residents from injury?					
2. Are behavior management programs that include use of techniques such as time out or aversive procedures first approved by the facility's Human Rights Committee?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
B. Prosthetic Devices 1. In cases where prosthetic devices such as hearing aids, eyeglasses and canes are recommended a. do deaf/blind residents have access to those devices during all waking hours?					
b. is the use of those devices encouraged?					
2. Are prosthetic devices given maintenance checks on a daily basis?					
C. Mobility Freedom Considering level of functioning, do deaf/blind residents have freedom to move about the facility without restriction, regardless of his/her sensory handicaps?					
D. Additional Comments					
REHABILITATION SECTION A. Individual Programming 1. Assessment a. Does the deaf/blind program have and use a systematic assessment procedure?					
b. If yes, please describe.					
c. Does the deaf/blind program have a procedure for periodic reassessment?					
d. If yes, please describe.					

AREAS	YES	NO	DNA	NOTO	COMMENTS
e. Does the deaf/blind program make assessment results available to the interdisciplinary team responsible for individual programming?					
f. Does the program staff in conjunction with the interdisciplinary team assure annual assessment when appropriate of the deaf/blind resident by a					
1) nurse?					
2) physician?					
3) dentist?					
4) ophthalmologist?					
5) dietician?					
6) pharmacist?					
7) physical therapist?					
8) occupational therapist?					
9) psychologist?					
10) recreation therapist?					
11) speech pathologist?					
12) audiologist?					
13) education/developmental/vocational specialist?					
14) educational specialist?					
15) vocational specialist?					
16) social worker?					
2. Individual Education Program Plan a. Does the program provide in total or contribute to providing a comprehensive, annual IEP for each deaf/blind resident?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
b. Does the IEP include the deaf/blind resident's present level of functioning in 1) physical development?					
2) health?					
3) communication?					
4) cognitive skills?					
5) recreational skills?					
6) socialization?					
7) self-help?					
8) vocational?					
9) community living?					
c. Does the IEP include in priority order appropriate behavioral objectives?					
d. If yes, 1) are the specified behaviors observable and measurable?					
2) do the objectives specify **who** will demonstrate the behavior?					
3) do the objectives specify what behavior?					
4) do the objectives specify the conditions when the behavior will be demonstrated?					
5) are the behavioral criteria specified?					
6) are the trainers and evaluators specified?					
7) are initiation and target dates specified?					
8) are the methods for training (i.e., task analysis, curriculum, intervention strategy) specified?					
e. Are monthly progress notes recorded regarding results of training for a given behavioral objective?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
3. Based on assessed levels of functioning, do the habilitation plans include the following types of training, when appropriate a. Sensory Integration Skills 1) Visual/visual motor?					
2) Auditory?					
3) Tactile?					
4) Olfactory?					
5) Gustatory?					
b. Self-help Skills 1) Eating/feeding?					
2) Dressing?					
3) Toileting?					
4) Bathing?					
5) Grooming?					
c. Daily Living Skills/Self-management 1) Household related?					
2) Community related?					
d. Communication Skills 1) Prelinguistic?					
2) Receptive (Standard or alternate means)?					
3) Expressive (standard or alternate means)?					
e. Social Skills 1) With peers?					
2) With non-handicapped?					
f. Motor Skills 1) Perceptual motor?					
2) Orientation/mobility?					
3) Fine motor (small muscle control)?					
4) Gross motor (large muscle control)?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
g. Pre-academic?					
h. Recreational skills?					
i. Sex education?					
B. Materials and Equipment 1. Are supplies and materials available in sufficient quantity?					
2. Are the available supplies and materials appropriate for the resident's levels of functioning?					
3. Is equipment available in sufficient quantity?					
4. Is the available equipment appropriate for the resident's levels of functioning?					
5. Are the materials and equipment current, and is their use reflected in the individual's education plan?					
C. Least Restrictive Alternative 1. Are efforts made to avail deaf/blind residents of a. the curricula of residents with greater ability?					
b. classes with residents with greater ability?					
c. special program activities (field trips, assemblies)?					
2. Are support services available to deaf/blind residents who are mainstreamed/integrated into classes with residents who have greater abilities? (deaf/blind program consultation)					
3. Are equipment and material modifications made for residents mainstreamed in other programs?					
4. Are other staff members at the facility informed of methods for working with deaf/blind students?					
D. Scheduling 1. Classroom a. Is a written schedule available for the entire program?					
b. Are written schedules available for each classroom?					
c. Are written schedules available for each student in the classroom?					
d. Are the schedules for each classroom posted?					
e. Are the schedules followed?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
E. Support Services 1. Does the program receive support services from other sources to aid in the habilitation process?					
a. On-Campus 1) Diagnostics and evaluations?					
2) Speech therapy?					
3) Physical therapy?					
4) Occupational therapy?					
5) Physical education?					
6) Music?					
7) Finance or budget assistance?					
8) Food service?					
9) Housekeeping?					
10) Maintenance?					
11) Other? (Please specify.)					
b. Off-Campus 1) Diagnostics and evaluations?					
2) Rehabilitation for the blind?					
3) Rehabilitation for the deaf?					
4) Colleges and universities?					
5) Hospitals?					
6) Volunteers?					
7) Others? (Please specify.)					
2. Is there an established procedure for obtaining support services?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
F. Additional Comments					
FAMILY SERVICES SECTION A. Are there social workers available to work with parents and surrogate parents on a regular basis?					
B. Is there a directory of services for deaf/blind students available to the staff and parents?					
C. Is the following information made available to parents? 1. An explanation of P.L. 94-142					
2. The rights of the parents in matters of confidentiality.					
3. Due process procedures					
4. Goals and objectives of the program					
5. Policies and procedures of the agency					
6. The roles and responsibilities of the parents					
7. Program calendar					
D. Are the following family services available through the program/facility? 1. Parent workshops					
2. Counseling					
3. Newsletters					
4. Family training sessions					
5. Help in locating and using community resources					
E. Do parents receive formal progress reports periodically?					
F. Do parents receive updated information on the child's Individualized Education Plan?					
G. Additional Comments					

AREAS	YES	NO	DNA	NOTO	COMMENTS
PARENT INVOLVEMENT SECTION					
A. Are opportunities available for parents to visit programs?					
B. Are opportunities available for teachers to visit a child's home?					
C. Are parents involved in development of the Individualized Education Plan?					
D. Do parents meet as a group on a regular basis?					
E. Are parents invited to participate in establishing policies and procedures for the program?					
F. Are parents encouraged to participate in special activities (e.g., field trips, parties, etc.)?					
G. Is there a procedure for parental evaluation of the program?					
H. If yes, describe.					
I. Additional Comments					
IN-SERVICE TRAINING SECTION					
A. Facility					
1. Orientation Does the deaf/blind program staff provide input in the orientation program provided to all new facility employees?					
2. Supplementary Does the program staff make provisions for in-depth in-service training for professionals and paraprofessionals working with deaf/blind residents when the need arises?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
B. Deaf/blind Program Staff 1. Is a written assessment of in-service training provided for all new program staff?					
2. Is in-service training for all new program staff provided according to results of assessment?					
3. Is there an ongoing, effective in-service training program which reflects the needs of the entire program?					
4. Are the minimum requirements for in-service training followed (state and facility)?					
5. Do the program staff participate in outside in-service training a. provided by the Georgia Department of Education?					
b. provided by the regional center?					
c. provided by the State Department of Mental Health and Retardation?					
d. Others? (Please specify.)					
C. Additional Comments					
COMMUNITY RESOURCES SECTION					
A. Are community resources sought and used?					
B. If yes, please indicate which of the following are used. 1. Churches					
2. Swimming pools					
3. Scouts					
4. Theaters					
5. Sign classes					
6. Braille classes					

AREAS	YES	NO	DNA	NOTO	COMMENTS
7. Volunteers					
8. Others (Please specify)					
C. Are community agencies involved in child-find activities?					
D. If yes, describe how.					
E. Additional Comments					
PUBLIC RELATIONS SECTION A. Does the program disseminate information regarding the deaf/blind program?					
B. If yes, which of the following formats are used? 1. Television					
2. Radio					
3. Magazine					
4. Newspapers					
5. Brochures					
6. Others (Please specify)					

AREAS	YES	NO	DNA	NOTO	COMMENTS
C. Do the program's public relations efforts stress child-find activities?					
D. Additional Comments					

PROGRAM FOR EXCEPTIONAL CHILDREN
IMPAIRED HEARING PROGRAM
AUDIOMETRIC EVALUATION

DATE _____ SCHOOL _____

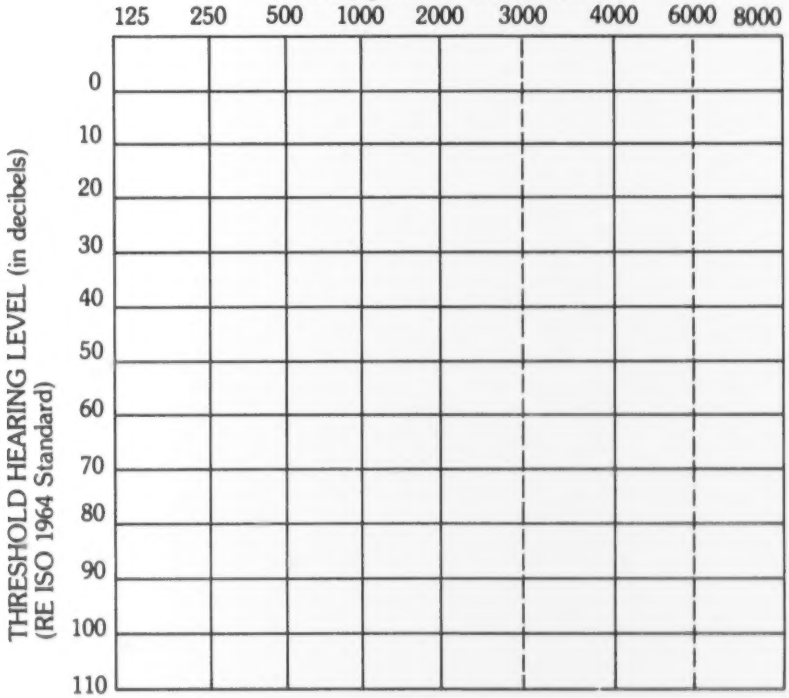
NAME _____ AGE _____ TESTED BY: _____

ADDRESS _____ TEST NO. _____ AUDIOMETER _____

RELIABILITY: GOOD _____ FAIR _____ POOR _____

PURE TONE AUDIOGRAM

FREQUENCY IN HERTZ



	Unmasked		Masked	
	Rt.	Lt.	Rt.	Lt.
Air Cond.	○	×	△	▭
Bone Cond.	>	<	⊐	⊏

Red—Right Blue—Left

↓ — No Response

Average Loss (A/C)
500-2000

	3 freq.	2 freq.
Rt.		
Lt.		

Additional Tests

_____

_____

Test	Live Voice	Recorded	
		Disc	Tape
SRT			
PB			

SPEECH AUDIOMETRY TESTS

Test		R	L	BIN	SF
Sp. Reception Threshold (SRT)		db	db	db	db
Sp. Discrim. Scores (PB)	Quiet	%	%	%	%
	Noise	%	%	%	%

Sensation Level for PB's _____
Noise level 10 db less than speech level unless otherwise indicated.

Remarks: _____

_____

_____

_____

Signature _____

DESCRIPTOR TERM	DESCRIPTOR CODE
Graduation Requirements	**IHF**
	EFFECTIVE DATE **August 1984**
	ADOPTED **November 1993**

The Georgia Board of Education recognizes the importance of assuring an adequate educational opportunity for each Georgian. This goal is to be supported by quality secondary school programs which promote personal development, academic growth, and career preparation. Such programs are to be based on a broad, flexible curriculum which addresses each student's needs, interests, and abilities.

The State Board defines as a major role of secondary schools the responsibility for providing the youth of Georgia with opportunities to acquire and to apply basic skills necessary for contemporary adult life. Such skills are defined as those which enable one to address effectively and efficiently the decisions and opportunities presented in a technological free society.

Graduation requirements from any Georgia high school which receives public funds shall include attendance, Carnegie units of credit, and life-role competency criteria signifying preparation for adult roles of learners (as measured by the Georgia High School Basic Skills Tests).

Secondary school instructional delivery and support services shall reflect the high school graduation requirements and assist all students to develop their unique potential to function in contemporary society.

Graduation Requirements

. ATTENDANCE

Attendance requirements of local boards of education shall be consistent with state compulsory attendance laws.

For students more than 16 years of age, local boards may adopt policies allowing for program completion in more or less than 12 years of schooling. Attendance requirements can be waived considering the age and maturity of the student, accessibility of alternative learning programs, student achievement levels, and decisions of parents or guardians. Such attendance waivers must be consistent with guidelines of the State Board of Education.

. GEORGIA HIGH SCHOOL BASIC SKILLS TESTS

The Georgia High School Basic Skills Tests measure the learner

competency areas of reading, mathematics, problem solving (as assessed in the context of reading, mathematics, and writing). Students take the tests for the first time in their second year of high school if: (a) they are classified by the school system as tenth graders, or (b) they have accumulated three and one-half Carnegie units or 52 quarter hours of credit. Tests are given twice a year, and students may continue to take the tests until they earn passing scores.

CARNEGIE UNITS

Carnegie Unit credit is granted only for work completed in grades 9-12. Students who graduate from any state-supported Georgia high school must earn at least 21 Carnegie units of credit. Thirteen Carnegie units must be earned through the Georgia Core Curriculum, with the remaining units earned either through local board of education requirements or elective areas of study.

Enrolling ninth graders, beginning in the 1984-85 term, must meet the core curriculum requirements. Local school systems, by local school board policy, may begin on a student-by-student basis during the 1983-84 term.

CORE CURRICULUM

Required Areas of Study	Carnegie Units
English Language Arts	4
Mathematics	2
Science	2
Social Studies	3
One of these units must be from the American studies area (American history/government); one from citizenship education and the "Principles of Economics/ Business/Free Enterprise" (one-half units for semester programs and one-third units for quarter programs); one of the units must be from the world studies area.	
Health, Safety, and Physical Education	1
Computer Technology and/or Fine Arts and/or Vocational Education	1
STATE REQUIRED UNITS	13
LOCALLY REQUIRED OR ELECTIVE UNITS	8
TOTAL UNITS REQUIRED (MINIMUM)	21

Any local system may require more than 21 units for graduation.

Any remedial unit credits given must be included among the elective unit credits. State required unit credit must be awarded for courses which include skills and concepts generally considered to be secondary

school education levels of performance. Developmental special education courses are not considered remedial.

Additional courses selected from the following are also strongly recommended:

Mathematics
Science
Foreign Language
Fine Arts (Dance, Drama, Music, Visual Arts)
Computer Technology
Vocational Education
Traffic Safety Education

The Georgia Board of Education recommends that local boards of education prescribe a college preparatory program for those students who elect a rigorous academic experience. A formal seal of endorsement from the Georgia Board of Education will be awarded to those students who successfully complete the endorsed course of study.

CORE CURRICULUM FOR ENDORSEMENT

Required Areas of Study	Carnegie Units	Instructional Emphasis
English Language Arts	4	. Grammar and usage . Literature (American, English, and world) . Advanced composition
Science	3	. Physical science . At least two laboratory courses from biology, chemistry, or physics
Mathematics	3	. Courses in algebra, geometry, or more advanced courses
Social Science	3	. Two of these units must be from the American studies area (one in American history/ government; one from the areas of citizenship education and "Principles of Economics/ Business/Free Enterprise"). One of the units must be world history.
Foreign Language	2	. Skill building courses emphasizing speaking, listening, reading, and writing

Required Areas of Study	Carnegie Units	Instructional Emphasis
Health, Safety, and Physical Education	1	. Comprehensive health course focusing on decision making for life . Physical education course focusing on physical fitness for lifetime sports
Computer Technology, and/or Fine Arts, and/or Vocational Education	1	. Computer literacy or more advanced course . Dance, drama, music, visual arts . Agriculture education, business education, marketing and distributive education, home economics education, industrial arts education, trade and industrial education

STATE REQUIRED UNITS....17
ELECTIVE UNITS.... 4
TOTAL UNITS....21

Any local system may require more than 21 units for graduation.

Additional courses selected from the following are also strongly recommended:

- Trigonometry
- A third course in foreign language or study in a second foreign language
- Physical and health education
- Vocational education
- An additional laboratory course in science
- Computer technology
- Fine arts (dance, drama, music, visual arts)

. COMPETENCY

Students who graduate from any state-supported Georgia high school must demonstrate at least minimal mastery of the competency performance standards for the learner as prescribed by the Georgia Board of Education.

Learner

Each graduate should demonstrate competence in the areas of reading, writing, mathematics, and problem solving. Performance will be demonstrated by students using those materials which

are used in typical academic, employment, and everyday tasks. These may include newspapers, magazines, personal budgets, tax and employment forms, textbooks, business and personal letters, and other materials requiring the application of basic learning skills.

Reading - A student will demonstrate competency by his or her ability to read, understand, interpret, and use written materials in the context of academic problems, everyday tasks, and employment activities. Indicators of reading competence include such skills as identifying main ideas and details, interpreting literal and figurative language, and using reference resources.

Writing - A student will demonstrate competency by his or her ability to select, organize, and compose written material in the context of academic problems, everyday tasks, and employment activities. Indicators of writing include such skills as composing sentences, organizing information, and writing paragraphs.

Mathematics - A student will demonstrate competency by his or her ability to understand and employ basic mathematical concepts and operations in the context of academic problems, everyday tasks, and employment activities. Indicators of skills in mathematics include translating numbers, computing percentages, and applying arithmetic operations.

Problem Solving - A student will demonstrate competency by his or her ability to evaluate, analyze, and draw conclusions from situations presented in the context of academic problems, everyday tasks, and employment activities. Indicators of problem solving may include interpreting a variety of data, inferring cause and effect, and applying logical reasoning to the identification and solution of problems.

In addition to required learner competencies prescribed and evaluated by the State Board of Education, it is recommended that the local board of education prescribe additional adult life-role skills:

1. The skills and understandings necessary to improve both physical and mental health, to use leisure time in a profitable and fulfilling manner, and to establish a personal family role which is mutually beneficial to the individual and to members of the family.

2. The skills and understandings needed to function as a responsible member of society, using and contributing to society in an appropriate manner, and interacting with the environment in a

responsible way.

3. The skills and understandings needed to function as an informed consumer and to use available resources in an efficient and beneficial manner.

4. The skills and knowledge necessary to select and pursue a career reflecting personal interests and abilities. Each graduate should also have the skills needed to pursue a new career should situations arise which dictate career changes.

5. The skills and understandings to receive and transmit oral and aural communication in the context of academic problems, everyday tasks, and employment activities.

Procedures for Awarding Carnegie Units of Credit

Three procedures may be used by local systems for awarding Carnegie units of credit or increments of units of credit.

Course credit - Carnegie units may be awarded for courses of study based on 150 clock hours of instruction provided by the school. (Quarter programs offer 50 clock hours of instruction for one-third Carnegie unit. Semester programs offer 75 clock hours of instruction for one-half unit of credit.)

Credit in Lieu of Class Enrollment - Local boards may adopt policies, subject to the approval of the State Superintendent of Schools, to grant credit for learning which has occurred outside the school. Local systems must develop assessment procedures to award or exempt credits in lieu of class enrollment.

Credit for Planned Off-Campus Experiences - Local boards may adopt policies, subject to the approval of the State Superintendent of Schools, to grant credit for planned off-campus experiences if such experiences are a part of the planned studies program.

Secondary School Credentials

The High School Diploma shall be the official document certifying completion of attendance, Carnegie units, the Georgia High School Basic Skills Tests, and other requirements for high school graduation. The High School Performance Certificate shall be awarded to pupils who do not complete all of the criteria for a diploma, but who meet all requirements for attendance and Carnegie units.

Local Authorities and Responsibilities

Local boards of education have the authority to exceed the state minimum criteria for graduation.

Local boards of education have the responsibility to establish instructional support services and delivery services to uphold the multiple criteria for high school graduation:

To provide an ongoing guidance component beginning with the ninth grade for familiarizing the student with graduation requirements and for examining the likely impact of individual career objectives on the program of work he or she plans to follow; also, to provide annual advisement sessions to report progress and offer alternatives in meeting graduation requirements and career objectives.

To provide record keeping and reporting services that document student progress toward graduation and include information for the school, parents, and students.

To provide diagnostic and continuous evaluation services that measure individual student progress in meeting competency expectations for graduation.

To provide instructional programs, curriculum and planned course guides, and remedial opportunities to assist each student in meeting graduation requirements.

To provide appropriate curriculum and assessment procedures for students who have been identified as having handicaps which prevent them from meeting the prescribed competency performance requirements.

Georgia Code: 32-408 (1937, 1961); 32-609a (1974, 1975); 32-611a (1974, 1975); 32-653a (1974); 32-657a (1974); 32-660a (1974); 32-1901 (1971).

Explanation of Local Responsibility

Both Public Law 94-142 and the *Georgia State Program Plan* describe detailed procedures for insuring full educational opportunities to all handicapped children and youth through individualized educational planning and through the availability of related services and resources to support the plans.

The Georgia Board of Education policy on graduation requirements further promotes the goal of providing adequate educational opportunities and broad, flexible secondary curricula which address each student's individual needs, interests and abilities. To insure that no potential for discrimination against handicapped students exists in the high school graduation requirements, the Georgia Board of Education emphasized local system obligations to provide "appropriate curriculum and assessment procedures" to help handicapped students meet minimum competency performance requirements for a high school diploma.

Competency-based program opportunities for handicapped students are the responsibility of local school districts. The following guidelines are consistent with Policy IHF, Graduation Requirements.

1. Curriculum plans to help handicapped students attain minimum life role competencies should be reflected in the statement of annual goals and short-term instructional objectives of a student's IEP.
2. Handicapped students should be able to acquire Carnegie units through mainstreamed instructional activities, resource arrangements, self-contained settings or all of these.
3. Handicapped students may earn Carnegie units of credit through any of three methods: course credit, credit in lieu of enrollment and credit for planned off-campus experiences.
4. The IEP of any student enrolled in special programs should reflect instruction for minimal life role competencies as measured by statewide tests, just as the course participation of a student enrolled in a regular program includes preparation for competency tests.
5. Students having handicapping conditions which prohibit competency assessment through regular testing will be given modified measurement opportunities for demonstrating the competencies required for graduation.

Students enrolled in programs for the handicapped should be offered the opportunity of taking the Georgia Basic Skills Test unless the placement committee and the student's parents agree it is not in the student's best interest to participate. Some handicapped students who participate in regular school programs can probably be included in the regular test administration. Other handicapped students may require special consideration or some modification in administration.

General Considerations for Testing Handicapped Persons

1. Testing may be extended beyond the recommended time limit.
2. Tests may need to be given in separate settings (i.e., deaf students may be tested at a regional site, thus requiring only one interpreter, or tests may be given in resource or self-contained classrooms).
3. Some students may require modifications to the test editions or testing situation. Some possible modifications are listed below.
   A. Large print or Braille editions may be requested from the Georgia Department of Education Student Assessment Office.
   B. Interpreters may give test direction and general assistance.
   C. Students may mark answers in test booklet or answers may be recorded by a proctor.
   D. Testing may be done in another setting, if warranted.

Please call the Student Assessment Office, Georgia Department of Education, Atlanta, (404) 656-2661, if you need clarification.

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